



Recreation Daze Registration Form

Please Print Clearly

Primary Household Contact/Parent/Guardian:

Secondary Household Contact/Parent/Guardian

| | | | |
|------------|------------|------------|------------|
| Name: | | Name: | |
| Address: | | Address: | |
| Town: | Zip: | Town: | Zip: |
| Phone (H): | Phone (C): | Phone (H): | Phone (C): |
| Email: | | Email: | |

****Does your child(ren) require any support services or have any medical conditions/allergies? Yes _____ No _____**

****Does your child(ren) require any medications to be administered at Rec. Daze? Yes _____ No _____**

If Yes, please complete the Supplemental Information Form for Children with Medical Conditions and/or Support Services.

First Child:

Name: _____
 Age: _____ Date of Birth (m/d/y): _____
 M/F: _____ Grade in Fall: _____

MONTHLY DAILY*

***If registering daily, please complete the attached schedule form.**

Second Child:

Name: _____
 Age: _____ Date of Birth (m/d/y): _____
 M/F: _____ Grade in Fall: _____

MONTHLY DAILY*

***If registering daily, please complete the attached schedule form.**

Emergency Contact (Other than Household Contacts Listed Above):

| | |
|------------|---------------|
| Name: | Relationship: |
| Phone (H): | Phone (C): |

Program Rules & Behavior Policy:

The staff at *Recreation Daze* will strive not only to provide fun and learning experiences, but also to stress respect for the environment and others. *Recreation Daze* enables behavior management and discipline strategies that emphasize positive reinforcement, redirection, prevention & the development of self-discipline. Behavior expectations and program rules will be explained to participants and will be reinforced in a consistent manner as needed.

The following procedures will be followed when children misbehave or break program rules. Please review the rules with your child and make sure they are understood. We believe that you as a parent/guardian will appreciate knowing of any problem that your child may experience. Coventry Parks & Recreation reserves the right to suspend or expel any participant from the program who poses serious continual discipline problems, whether or not all of the steps in our discipline procedure have been completed.

The following behaviors are considered serious and will result in suspension and/or termination:

- Possession and/or use of weapons, drugs, or alcoholic beverages;
- Physical abuse of any kind, including kicking, punching, hitting, slapping, biting and/or pushing other campers or staff;
- Failure to follow program rules thereby putting themselves, other campers and/or staff in dangerous situations.

Minor offenses:

Disrespect of staff or participants, inappropriate behavior on the bus or on field trips, and breaking general program rules.

Consequences:

- 1st Offense: Verbal warning/Note in Behavior Log
- 2nd Offense: Time Out/Loss of Activities
- 3rd Offense: Written notice to parent/guardian
- 4th Offense: Removal from program.

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| <p>For a complete Cancellation/Refund Policy, check out www.coventryct.org, or your 2021 Parent Handbook.</p> |
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TERMS AND CONDITIONS OF REGISTRATION

My son/daughter has permission to participate in Coventry Parks & Recreation’s “Recreation Daze.” I hereby agree to release, discharge and hold harmless, the Town of Coventry, its employees, contracted instructors and volunteers from any liabilities which may occur while participating in the Recreation Daze Program. I understand that participation in any recreational or sports activity involves risk. I further understand that the Town of Coventry does not provide accident/medical insurance for program participants.

Unless the Program is restricted by a court order directed expressly to the Program, (1) the Program is hereby authorized to release the child to either parent (or persons authorized by either parent) on Program property at any time during the day if arrangements for pick-up of the child have been made beforehand with the Program office even if both parents do not live at the same address, and (2) to permit both parents to visit the child at the Program. Disputes between parents which involve the Program in any way must be resolved immediately by the parents, failing which the Program shall have the right to terminate this contract and dismiss the child. Should such action be taken by the Program, no refund will be made and the one who signs this contract will, nevertheless, be responsible for all amounts due the Program as if the child had not been dismissed. The parent irrevocably authorizes and consents to the Program’s use of the child’s photograph, portrait or image in connection with the Program’s brochure or other promotional or advertising publication. The parent releases the Program and shall indemnify and hold the camp harmless from and against any and all claims, liabilities and expenses (including reasonable attorney’s fees) arising from such use.

The Program shall have the right to make all decisions regarding participant’s fitness to participate in particular activities or the entire Program. At any time before opening day of the Program season, the Program shall have the right to cancel this contract if it determines, in its sole judgment: (1) that the physical, mental or emotional condition of the child would prevent him/her from participating safely and satisfactorily in the Program or interacting positively with other children at the Program or (2) the child’s parent(s) make an unreasonable demand upon the Program. Once Recreation Daze has begun, the Program shall have the right to terminate this contract and dismiss the child if it determines, in its sole judgment: (1) that proves detrimental to himself/herself, other participants or Program staff or property, or (2) the child’s parents(s) make an unreasonable demand upon the Program.

PLEASE REQUEST SUPPLEMENTAL FORM FOR CHILDREN WITH SPECIAL NEEDS OR MEDICATION ADMINISTRATION!

Parent represents to the Program that the participant is in sound physical and mental health and fully able to participate in all Program activities without need of individual or specialized attention or medical regimen and that participant’s health will not impinge or impact negatively on other participants or the Program.

Parent agrees to advise the Program Directors promptly in writing of any change in the participant’s physical or mental health between the date of enrollment and the start of the Program season as well as throughout Program season.

The parent who signs this contract will be responsible for payment of all fees charged by the Program. No refund or credit will be made at any time after the 15th of the month prior for any reason, with exceptions noted in registration policies.

I have read, understand and agree to the discipline policy & the above terms and conditions. I also understand that to receive credit for schedule changes, those changes must be reported by the 15th of the month prior.

X _____ Date _____
Parent Signature

RETURN THIS FORM TO:
Coventry Parks & Recreation,
1712 Main Street,
Coventry, CT 06238

Phone: (860) 742-4068
www.coventryct.org

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|-----------------------------|-------------|------------|
| FOR OFFICE USE ONLY: | | |
| Amt. Paid: _____ | Date: _____ | |
| Pmt. Type: CC | Cash | CHK: _____ |
| Entered By: _____ | | |