Village of Plain Recreation Program

Child's Name (Print)	Age	Allergies (and/or Special needs)	Medications

Parent's name: (print and sign)

_____

Address: Street_____ City_____

Primary Phone: ( ) _ _ _ - _ _ _ _ Work Phone: ( ) _ _ _ - _ _ _ _

Email Address:_____

Emergency Contact Person (**other than parent**):

_____ Phone ( ) _ _ _ - _ _ _ _

Doctor:_____

Hospital:_____

Willing to help chaperone a field trip?

Date(s):_____

How many chaperones from your family are able to assist? ___

I request to have my child(ren) participate in the Plain Youth Recreation Program. I understand that the Village of Plain and its employees are in no way liable for any injuries or accidents before, during or after organized activities.

I agree to allow the use of pictures and posting of my child(ren) on social media or in other communications. Please check initial this line, if you **DO** approve _____

Discipline: The recreational staff's goal is to teach and improve each participant's skills and techniques in all areas. Through instruction and competition, we will have a fun and rewarding season. Any serious violation of rules or regulations by an individual will result in the immediate dismissal of that individual from the program. Our goal is to promote personal pride. Children dropped of or picked up over ½ hour from announced Program hours more than 3 times will not be allowed to participate in future program activities. There may be some activies where children with allergies or special needs may not be suitable to participate.

Parent's signature: _____Date: _____