

**Wellfleet Recreation Department  
Summer Programs Registration 2015**

Name of Participant \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Parent/Guardian Phone# \_\_\_\_\_

Entering grade \_\_\_\_\_ Previous Red Cross level \_\_\_\_ (swimmers only)

Does your child have any illness or handicap that would hinder participation? Yes \_\_\_ No \_\_\_

If yes please explain \_\_\_\_\_

**PROOF OF RESIDENCY IS REQUIRED UPON REGISTRATION**

(Tax or utility bill listing address)

**Check off which programs you are signing up for:**

<input type="checkbox"/> Resident Morning Recreation	<input type="checkbox"/> Resident Morning Recreation Sibling
<input type="checkbox"/> Non-Resident Morning Recreation	<input type="checkbox"/> Non-Resident Morning Recreation Sibling
<input type="checkbox"/> Resident Gull Pond Swimming	<input type="checkbox"/> Resident Gull Pond Swimming Sibling
<input type="checkbox"/> Gull Pond/Recreation Swimming 8am-9am	<input type="checkbox"/> Gull Pond Weekly
<input type="checkbox"/> Gull Pond Non-Resident Swimming	<input type="checkbox"/> Gull Pond Non-Resident Swimming Sibling
<input type="checkbox"/> Neal Nichols Art Class	

**This year's recreation program runs from June 29 - Aug 14**

**Which weeks will your child be attending (if known)**

People authorized to pick up your child \_\_\_\_\_

**PEOPLE AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY (Other than yourself)**

1. Name \_\_\_\_\_ phone # \_\_\_\_\_

2. Name \_\_\_\_\_ phone # \_\_\_\_\_

**Morning Recreation Resident Fees - First Child \$85 / Extra Sibling \$55**

**Morning Recreation Non Resident Recreation Fees - First Child \$130 / \$100**

**Non Resident Gull Pond Swimming Lessons - \$200 / Extra Sibling \$100 / or \$55 per week/ per child**

**Gull Pond Swimming Lessons First Child \$85 / Extra Sibling \$55**

**Gull Pond Swimming Lessons 8am - 9am. \$10 (must be enrolled in Morning Recreation Program)**

**Art Class Beginners perspective class \$180 per week / Advanced air drawing \$200 per week**

**August 3-7, \_\_\_\_\_ \$180, August 10-14 \_\_\_\_\_ \$180 August 17-21 \_\_\_\_\_ \$200.00**

**Early Drop off 8:30, Fee \$10 extra per week (Breakfast included)**

**PLEASE MAKE ALL CHECKS PAYABLE TO: TOWN OF WELLFLEET**

**Waiver of Liability:** I the undersigned, hereby agree to release the Town of Wellfleet and the Recreation Department and its staff from all responsibility resulting from injuries or accidents which may occur while participating in Wellfleet Recreation's Summer Programs. I also understand that participation in any of our Recreation Programs is a privilege and that all children will be required to behave in a sportsmanlike manner.

Date: \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ parents name printed \_\_\_\_\_

Office use only  
AMOUNT PAID \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Receipt # \_\_\_\_\_