

Wellfleet Recreation Department  
Summer Programs Registration 2014

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:

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

Morning Recreation Non Resident Recreation Fees - First Child \$130 \_\_\_\_\_ Extra Sibling \$100 \_\_\_\_\_

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

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

Resident Gull Pond Swimming Lessons First Child \$85 \_\_\_\_\_ Extra Sibling \$55 \_\_\_\_\_

Non Resident Gull Pond Swimming Lessons - \$200season \_\_\_\_\_ Extra Sibling \_\_\_\_\_ \$100 season

Gull Pond Weekly \$55 per week/ per child \_\_\_\_\_

Neal Nichols Art Class Beginners perspective class and advanced air drawing

Art Class \_\_\_\_\_ \$180 Mon-Fri August 4-15 Mon-Fri August 18-22 \_\_\_\_\_ 200.00

This year's recreation program runs from June 30 - Aug 15

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 # \_\_\_\_\_

**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 # \_\_\_\_\_