Stop & Go Depot Registration Form

Parents/Guardian: _____

Child's Name:_____ **D/O/B:** ____/____/____ **M/F**_____

Home Phone Number:(____)_____ **Work Phone:**(____)_____

E-Mail Address:_____

Emergency Name:_____ **Emergency Number:**(____)_____

Address:_____**City:** _____ **State:** ____ **Zip:**_____

Emergency Name:_____ **Emergency Number:**(____)_____

Address:_____**City:** _____ **State:** ____ **Zip:**_____

School (circle one): Barlow   Veterans Park   Branchville   Farmingville   Ridgebury   Scotland

Programs	Day (CIRCLE)	Time (WRITE IN)
1_____	M T W TR F	_____
2_____	M T W TR F	_____
3_____	M T W TR F	_____
4_____	M T W TR F	_____
5_____	M T W TR F	_____
6_____	M T W TR F	_____
7 _____	M T W TR F	_____

Anyone with special needs should contact Barbara Carvalho at 431-2755

Is child in good physical condition?   YES   NO

If not, explain briefly: _____
_____

Any Allergies?   YES   NO

If yes, explain briefly: _____

STAFF USE ONLY

Date:_____   **Bus #:**_____

Complete Forms: Y   **Staff Initials:**_____

Ridgefield **Parks & Recreation**

Any changes to your child's schedule needs our attention. You must notify us at stopandgo@ridgefieldct.org or in an emergency call Front Desk.

REFUNDS: Refunds will not be honored if an individual cancels a class within 1 week prior to the start of the session. Any refund request made prior to this time will be surcharged of $25.00 administrative fee per person. Refunds (medical only) for the remainder of the session only when verified by a physician's note. Prorated refunds for individual classes missed will not be honored, even with a doctor's note. Although we make every effort to reschedule classes, there are no weather related refunds.

LATE PICK-UP POLICY: Pick-up is 6:00 pm. For the first five minutes after dismissal time, parents will not be charged a late fee. After the first five minutes, there will be a charge of $25.00 for each 15 minute interval you are late. This fee must be paid within 24 hours of late pick up.

WAIVER OF TOWN LIABILITY: I recognize that by the nature of this activity that an injury might occur. In the event of an injury to my family member or myself, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Parks & Recreation, its employees and instructors, of all liability. I understand that this release applies to any present or future injuries. I agree that all photos taken during activities may be used for local advertising purposes at the discretion of the Ridgefield Recreation Center. I understand that Ridgefield Parks & Recreation can contact me via email with any updates and news. I have read this and sign it voluntarily.   Form Updated: MARCH 2016

Signed: Date: