

DEERFIELD COMMUNITY CENTER FALL PLAYGROUND PROGRAM 2020

NAME _____ **GRADE** _____

BIRTHDATE _____ **ALLERGIES/NOTES** _____

EMERGENCY CONTACT INFORMATION

NAME _____ **PHONE** _____

EMAIL _____

NAME _____ **PHONE** _____

EMAIL _____

CHECK EACH DATE YOU PLAN TO USE OUR PROGRAM

WEEK #1 (9/8-9/11) **TUES** **WED** **THURS** **FRI**

WEEK #2 (9/14-9/18) **MON** **TUES** **WED** **THURS** **FRI**

WEEK #3 (9/21-9/25) **MON** **TUES** **WED** **THURS** **FRI**

WEEK #4 (9/28-10/2) **MON** **TUES** **WED** **THURS** **FRI**

WEEK #5 (10/5-10/9) **MON** **TUES** **WED** **THURS** **FRI**

WEEK #6 (10/12-10/16) **MON** **TUES** **WED** **THURS** **FRI**

IMPORTANT: Please Read and Sign the Following

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with the youth programs and in consideration for the DCC accepting the registrant for its youth programs and activities, I hereby release, discharge, and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, transportation services, and organizations utilized by the youth program, against any liability, loss, cost, expense, or claim by or on behalf of the registrant as a result of the registrant's participation in the youth programs. As the legal parent or legal guardian of the above participant, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life of my dependent. In addition, I give consent for DCC to utilize pictures of my child to promote programs that they have participated in.

X

SIGNATURE OF PARENT/GUARDIAN

X

DATE