**Summer Adventure Days 2021**

**June 21 to August 27**

**Registration Packet**

**For ages kindergarten thru 5th grade**

**\*Participants are first come first serve basis**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_ Gender:\_\_\_\_\_\_

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student currently receiving free or reduced lunches? □ Yes □ No

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Full Time \_\_\_\_\_\_\_(14 spots)** | **Flex-time \_\_\_\_\_\_\_\_\_(4 spots per week)** | **3 Day Option**\_\_\_\_\_\_\_\_**(5 spots)** |
| **Monday - Thursday**  **7:30am-5:30pm**  **Friday 7:30-12:00pm**  **\*includes Breakfast/Lunch/Snack** | **Monday - Thursday**  **7:30am-5:30pm**  **Friday 7:30-12:00pm**  **\*This is a spot for a weekly use. First come first serve basis.**  **\*includes Breakfast/Lunch/Snack** | **Pick Your Days**  **Monday- Thursday**  **7:30am-5:30pm or**  **Friday 7:30-12:00pm**  **\*includes Breakfast/Lunch/Snack** |
| **$150.00 a week** | **$150.00 a week** | **$87.00 a week** |

**\*\*\* All payments are due at the time of registering. Continuation of payment for the program due the Thursday at 12:00pm before the next week’s program.**

**\*\*\* Refunds will only be considered with a three week notice for week to week payments.**

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| AUTHORIZATION – WAIVER – RELEASE | IINITIALS |
| **GENERAL RELEASE**  I hereby register my child for The SAD, a community school program offered by La Pine Park & Recreation District. I authorize the staff and volunteers of the program to direct my student in participation of activities during regular SAD hours as well as all special SAD events my student may wish to attend. |  |
| **MEDICAL RELEASE**  I know of no mental or physical problems that may affect my child’s ability to safely participate in activities offered except as indicated under special considerations. I authorize the staff and/or volunteers to attend any health problem or injury to my child that may occur while participating. I acknowledge that I am responsible for any medical expenses due to my child’s illness or injury. |  |
| **MEDIA RELEASE**  I authorize La Pine Parks & Recreation District representatives to take and use photographs and/or digital images of your child for use in news releases, social media and/or educational materials associated with our program. Your student’s name and identity may be revealed in descriptive text or commentary associated with our program. All rights to negatives, prints, digital reproductions and their use are the property of La Pine Park & Recreation District. |  |
| **INTERNET**  I understand that the internet is not permitted during program hours. |  |
| **SOCIAL MEDIA**  I understand social media is not permitted during program hours. |  |
| **LIABILITY WAIVER**  I hereby release and hold harmless the Bend La Pine School District, volunteers of the La Pine Parks & Recreation District program, La Pine Parks & Recreation District players, instructors, agents and board of directors, from any liability that may arise from my student’s participation in activities offered through the district. |  |
| **BEND/LA PINE SCHOOL DISTRICT RELEASE**  La Pine Park & Recreation District has acquired a grant to provide after school tutoring and enrichment activities to our students. Part of the outcomes used to monitor success of the program is improved individual student attendance and academic performance. In order to comply with program guidelines it is necessary for La Pine Park & Recreation District to access student attendance and performance data for each student enrolled in the program. This includes letter grade and testing data. Student data collected and reported will not individually identify your student. By initialing, I authorize the use of said information. |  |

