

## 2017-2018 REC LEAGUE REGISTRATION FORM

**Mail or Drop Off:** Meade Activity Center, 493 Lawrence St. Brandenburg, KY 40108

**Location:** Flaherty Elementary School & Flaherty Primary School

Financial assistance is available for those who demonstrate a need. A financial assistance form and proof of income, including a copy of your previous year tax return is required.

**Registration Information: Program will fill quickly, so please register early. Registration is on a first come-first serve basis. All registration forms must be accompanied by a \$20 non-refundable registration fee.**

### CHILD INFORMATION (Please Complete Entire Form)

|  |     |                       |                      |                |                      |                               |                                 |
|--|-----|-----------------------|----------------------|----------------|----------------------|-------------------------------|---------------------------------|
| Child's Last Name  |     | MI                    | First                | Race/Ethnicity |                      | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Date of Birth (Month/Day Year)   | Age | Home Phone            |                      | Family E-mail  |                      |                               |                                 |
| Home Address   |     |                       |                      | City/State/Zip |                      |                               |                                 |
| Parent/Guardian (authorized to pick up child)                                      |     | Date of Birth         | Place of Employment: |                | Work Phone           | Cell/Pager                    |                                 |
| Parent/Guardian (authorized to pick up child)                                      |     | Date of Birth         | Place of Employment: |                | Work Phone           | Cell/Pager                    |                                 |
| <b>PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:</b>             |     |                       |                      |                |                      |                               |                                 |
| Name   |     | Relationship to Child |                      |                | Home/Work/Cell Phone |                               |                                 |
| Name   |     | Relationship to Child |                      |                | Home/Work/Cell Phone |                               |                                 |
| <b>PERSONS UNAUTHORIZED AUTHORIZED TO PICK UP CHILD:</b>                           |     |                       |                      |                |                      |                               |                                 |
| Name   |     |                       |                      |                |                      |                               |                                 |
| Name of Child Physician  |     |                       | Physician's Address  |                |                      | Physician's Phone Number      |                                 |
| Please list any allergies or medical conditions your child has:                    |     |                       |                      |                |                      |                               |                                 |
| Please list any medications your child is currently taking and for what condition: |     |                       |                      |                |                      |                               |                                 |

**Prices: \$50.00/Per Child – Per Week  
(\$40.00 MAC Members)**

**Financial Assistance: In an effort to provide programming and membership opportunities to the entire community, the Meade Activity Center has developed the Fun and Fitness for Everyone Financial Assistance Program. Financial assistance is based on household income and is available to those who meet the financial qualifications. For additional information please contact the Meade Activity Center office.**



Parent/Guardian Agreement: The child herein described has my permission to engage in all activities as well as to be transported by the MAC, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee, to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child, as named above, in the event of a life or death emergency. The MAC does not carry insurance on its participants.

The undersigned understands that the Meade Activity Center does not allow members of staff to perform additional child care services or any other services directly for program participants that are outside the normal scope of the MAC's programs. Should an employee perform such services without the knowledge of the MAC, said employee will not be acting as an employee or agent of the Meade Activity Center and disclaims any and all liability in connection therewith.

I give the MAC permission to use my child's photo in promotional literature  
 \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

|   |                  |
|---|------------------|
| <b>Payments:</b>                                    |                  |
| <b>Registration Fee:</b>                            | <b>\$20</b>      |
| <b>Each Week Attended:</b>                          | <b>\$50/\$40</b> |
| <b>Payment can be made by check or money order.</b> |                  |