

2024-2025 REC LEAGUE REGISTRATION FORM (Brandenburg)

Mail or Drop Off: Meade Activity Center, 493 Lawrence St. Brandenburg, KY 40108
Location: David T. Wilson Elementary School / Brandenburg 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	Primary 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	
PERSONS OTHER THAN PARENT/GUARDIAN AUTHORIZED TO PICK UP CHILD:							
Name		Relationship to Child			Home/Work/Cell Phone		
Name		Relationship to Child			Home/Work/Cell Phone		
PERSONS UNAUTHORIZED AUTHORIZED TO PICK UP CHILD:							
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: \$56.00/Per Child – Per Week
(\$48.00 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 even 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 _____

Payments:	
Registration Fee:	\$20
Each Week Attended:	\$56/\$48
I GIVE AUTHORIZATION TO USE MY PAYMENT METHOD ON FILE TO PAY THE REGISTRATION FEE:	
X _____	