



# 2021 Children in Action After School Registration Form

Registration available for Grades K-5 | **3:00 PM–5:00 PM**

PLEASE COMPLETE ONE FORM PER CHILD

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (circle one): Female Male : \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_  Please send me registration confirmation via email

### CAMP SESSIONS

Please indicate which CIA sessions you are registering for. (Please note that there are no partial sessions. Check as many boxes as apply.)

- Session 1 October 4th-December 16th
- Session 2 January 3<sup>rd</sup>-February 18<sup>th</sup>
- Session 3 February 28<sup>th</sup>-April 14<sup>th</sup>
- Session 4 April 25<sup>th</sup>-June 9<sup>th</sup>
- Late Stay add on (5:00-5:30) additional \$50 per session per child (if not selected and paid in advance a \$10 per day fee will be incurred for each child for late pick ups) any late pickup fees will be assessed on the next session

### PAYMENT

#### Camp Fees:

- 1 child registration (\$175 tuition per session or \$85/month) \$175 X \_\_\_\_\_ (# of sessions)= \_\_\_\_\_  
(this pricing equates to \$2.12 per hour for each child)
- Sibling Rate (\$88 tuition per session) for 2<sup>nd</sup> and subsequent children \$88 X \_\_\_\_\_ (# of sessions)= \_\_\_\_\_
- Late Stay (\$50 tuition per session) \$50 X \_\_\_\_\_ (# of sessions)= \_\_\_\_\_

**Total registration fees:** \_\_\_\_\_

A non-refundable deposit of \$50.00 PER SESSION is due with this application, for ALL applicants regardless of payment method. The deposit is applied to your total balance. Monthly payments are available for the emailing Balance

#### I would like to pay:

- Deposit: \$50.00 X number of sessions: \$ \_\_\_\_\_
- Balance in full (See above to calculate total for desired program)
- Enclosed is my check in the amount of: \$ \_\_\_\_\_
- Please bill my credit card the following amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_ Circle: MasterCard VISA Discover Amex

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CSV: \_\_\_\_\_ Signature: \_\_\_\_\_

Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit per session. RRHWP cannot guarantee placement if balances and required forms are outstanding after payment deadline.

**I have read, understand and agree to the terms of this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT TO RANGELEY HEALTH AND WELLNESS, PO BOX 722 RANGELEY, ME 04970, OR EMAIL REGISTRATION FORMS TO [PIPER@RANGELEYHEALTHANDWELLNESS.COM](mailto:PIPER@RANGELEYHEALTHANDWELLNESS.COM)

**AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL  
RELEASE/ HOLD HARMLESS AND INDEMNITY AGREEMENT**

**Pick-up List**

**COMPLETE ONE FORM PER CHILD**

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Medical Release**

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

**Allergies and Medications**

Known Allergies: \_\_\_\_\_

Does your child need to take medication(s) during this program (circle one)?    Yes    No

If your child requires medication, please specify: \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 207-864-4397 prior to July 2.

**Medical Release**

I authorize the RRHWP as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed in the State of Maine or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the RRHWP is not responsible for costs incurred for medical care.

**HOLD HARMLESS AND INDEMNITY AGREEMENT**

The facilities and activity programs offered by the Rangeley Region Rehabilitation and Wellness Pavilion have been developed to provide beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the activities. Because of the nature of the programs and equipment available in the Wellness Pavilion, there is an inherent risk of injury when taking part in any exercise activity.

I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the action of the minor child enrolled in Rangeley's "CIA" Children In Action program. As a condition of being permitted to enroll my child in this program, I agree to release, hold harmless, and indemnify Rangeley Region Health and Wellness directors or staff, as I freely accept all risks of injury, death, or property damage occurring thereon as a result of the minor child's participation in the program.

I further agree that any claim that I may at any time bring, for any reason, against any of the above named, shall be submitted to the jurisdiction of the State or Federal Court in the State of Maine and no other jurisdiction, and shall be governed by the laws of that state.

As a parent or guardian of the participant, I acknowledge that I am authorized to sign this Agreement for the minor child named below. I agree to be bound by the Acknowledgement and Acceptance of Risks and Liability Release and hereby indemnify the above-named parties for awards, legal expenses, and settlements arising out of my minor child's participation in the activities of Rangeley's "CIA" Children In Action after school program.

**Policies**

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

Lost or Stolen Items

Camper's are asked to leave any valuables and electronics at home. RRHWP and its employees are not responsible for lost or stolen items.

Photographs

I give my permission for my child's photograph or video to be taken for use by RRHWP in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_