

# Enrichment Specials Registration Form

2010



If registered for 2009-2010 ESE, please complete page 2 only.

CHILD'S FULL NAME	LAST	FIRST	INITIAL
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CHILD'S BIRTHDATE (mo/day/yr)	CHILD'S AGE	CHILD'S GENDER	CHILD'S SCHOOL	CHILD'S GRADE IN FALL
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PARENT/GUARDIAN'S FULL NAME	LAST	FIRST	INITIAL
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HOME ADDRESS	CITY	STATE	ZIP
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PARENT/GUARDIAN'S EMPLOYER	EMPLOYER PHONE NUMBER
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EMPLOYER ADDRESS	CITY	STATE	ZIP
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EMAIL ADDRESS(ES)

## Pick-Up Authorization (including yourself, and, if applicable, the child's other parent/guardian)

Please list, in order of preference, all persons, who are authorized to pick-up your child. Your child will not be released to anyone not on this list. No changes to this list may be made unless the parent/guardian whose signature appears below requests such changes in person. Anyone on the list must be at least 16-years-old. I authorize the people named below to pick-up my child from Extended School Enrichment.

1.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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2.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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3.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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4.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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5.	PARENT/GUARDIAN'S NAME	RELATIONSHIP	HOME PHONE	CELL PHONE	WORK PHONE
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## Registration Information

PARTICIPANT'S NAME (FIRST & LAST)	BIRTHDATE (mo/day/yr)	GENDER	ACTIVITY CODE #	ACTIVITY NAME	ACTIVITY FEE
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	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

TOTAL AMOUNT PAID \$ \_\_\_\_\_

## Parent Authorization, Waiver and Release

I HEREBY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS THE CARMEL CLAY BOARD OF PARKS AND RECREATION, THE CARMEL CLAY PARKS & RECREATION DEPARTMENT, CITY OF CARMEL, CLAY TOWNSHIP, ITS AND THEIR OFFICIALS, OFFICERS, MEMBERS, INDEPENDENT CONTRACTORS, EMPLOYEES AND VOLUNTEERS from any and all claims or liability for personal injury or property damage my child or I may suffer directly or indirectly arising out of or relating in any respect to participating in Carmel Clay Parks & Recreation's Extended School Enrichment Program. This waiver and release of all claims, demands, action, and liability shall include, without limitations, any injury, damage or loss to person or property which may be (a) caused by any act, or failure to act, by Releasees even if said injury, damage, or loss results from the negligence of any or all of the above-identified Releasees or (b) sustained by me before, during or after Carmel Clay Parks & Recreation's Enrichment Specials Program.

That for any returned check or nonsufficient fund, I may be required to pay all future fees in cash or money order.

PRINTED NAME	SIGNATURE	DATE
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## Payment Options

- Cash (drop-off only)
- Check # \_\_\_\_\_  
*(make checks payable to Carmel Clay Parks & Recreation)*
- VISA/MasterCard (complete box below)
- American Express (complete box below)

I hereby authorize Carmel Clay Parks & Recreation to charge the credit card listed below the amount stated below.

<b>Credit Card Information</b> - Card may be requested at time of purchase		
ACCOUNT NUMBER	EXP. DATE (mm/yy)	BILLING ZIP CODE
CARDHOLDER NAME (Please Print)	AUTHORIZED SIGNATURE	

## To Submit This Enrichment<sup>2</sup> Registration Form & Payment:

- Fax to 317.573.5254, VISA, MasterCard and American Express payment only
- Drop off in-person: Carmel Clay Parks & Recreation, Monon Community Center, 1235 Central Park Drive East, Carmel, IN 46032  
OR on-site at any Carmel Clay Elementary Schools.