



APRIL BREAK PROGRAM ENROLLMENT FORM

Please be aware ahead of time if you child(ren) will need lunch money, a packed lunch, or other items including spending money. Please make the chaperones aware if your child(ren) has any allergies, health conditions, or needs to take medication while under our supervision.

Participants Name: _____

Check the box to register for program and return to the Wellness Coalition staff.

- Tie-Dying Event @ Rec Center Trip to Roger William's Park Zoo
 Team Spirit Day trip to Varsity Baseball @ St. George's & Bowling
 Movie night
 Community BINGO On-island Scavenger Hunt

This release is made to allow _____ to participate in Recreation Activities. I certify that my child or myself is in good physical health and may participate in strenuous physical activities. I hereby release and discharge the Block Island Recreation Department from any and all liability, claims, demands, and causes of action for personal injury, property damage, and or other loss suffered by my child or myself in connection with participation in these programs.

I represent that I am a parent/guardian of the minor named above or I represent and I agree that the grant and release contained therein binds minor and me to all of its items.

- Parent/Guardian Signature for under 18
- Registrant Signature

Date

CHILD RELEASE PROCEDURES

Please choose the child release procedure that you want followed. **If no option is checked, Option A will be used:**

_____ **Option A: Open Release** – Child is allowed to leave at the conclusion of the activity

_____ **Option B: Authorized List** – Child will be released to an adult.