



BCRD

BLAINE COUNTY
RECREATION DISTRICT

2011 BCRD HUB

CHILD REGISTRATION INFORMATION

First Name: _____		Last Name: _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____	Date of Birth: _____
Medical Information: (Please indicated any allergies, medications, or medical problems we should be aware of.)			

PARENT/ GUARDIAN INFORMATION

First Name: _____		Last Name: _____	
First Name: _____		Last Name: _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
Email: _____		Day Phone: _____	Cell: _____
In case of emergency, please list best contact name(s) and phone number below:			
Best Contact: Name & Phone _____		2nd Contact & Phone _____	

PAYMENT OPTIONS

Daily After School Participant- \$9/day	Each Additional Child- \$7/day	<input type="checkbox"/>
Monthly After School Participant- \$150	Each Additional Child- \$130	<input type="checkbox"/>
Recess From School-\$30/day Each Additional Child-\$20/day		

Transportation Providers (name and phone):

Primary Provider: _____

Alternative Pick Up #1: _____

Alternative Pick Up #2: _____

Will your child be taking another form of transportation to camp? Please Indicate: _____

Please initial that you acknowledge the bellow statements:

BCRD Hub After School program is a licensed day care provider. To be compliant we must annually collect current immunization records. We require that we have immunization records on file within the first week of the child's participation. _____

Hours of operation for BCRD HUB After School program is 2:30 pm- 6:00 pm following the BCRD HUB Calendar. We do not offer care beyond 6:00 pm. _____

Parental Consent and Waiver

I hereby certify my child (ward) _____ is physically fit, has medical insurance and has been given consent to participate in BCRD Day Camp. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, instructors or agents cannot be held responsible and I do hereby waive, relinquish & release all rights to damages that may be sustained. This waiver also gives the BCRD permission to use photographs/ video tapes of my child participating in the program for publicity purposes. Also, my child has permission to participate in walking and bussed field trips in and around Hailey with the staff of BCRD Kid Zone. Staff members have my permission to seek emergency medical treatment, if needed.

Signature: _____ Date: _____

BLAINE COUNTY RECREATION DISTRICT
1050 Fox Acres Road ● www.bcrd.org ● 578-2273

For office use (Please initial): _____ (In data base)	_____ Immunization on file	_____ C/C on File	_____ Waiver on File
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