

WEDNESDAY 90-MINUTE LATE START REGISTRATION FORM

Sumner/Bonney Lake Recreation Department

School Attending _____

Child #1 _____ Child #2 _____
 Address _____ City _____ Zip _____
 Parent(s) Name _____ Cell _____
 Parent(s) Name _____ Cell _____
 Work Phone (Mom) _____ (Dad) _____

Authorization/Medical Treatment Authorization
 As a parent or legal guardian, I authorize and consent to any examination, medical or surgical treatment rendered by my family physician listed below or, if my physician is unavailable, by any member of the medical staff of the nearest emergency medical facility. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physicians in the exercise of their best judgement. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient but that none of the above treatment will be withheld if the undersigned cannot be reached. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims of legal actions, financial or otherwise, against the City of Sumner, the City of Bonney Lake or the Sumner School District. In absence of signature, payment of fee and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, video tapes, motion pictures, recordings, or any other records of this program for promotional purposes.

Child #1: Allergies to food or drug: _____ Special medications/problems _____
 Family Physician _____ Location _____ Phone _____

Child #2: Allergies to food or drug: _____ Special medications/problems _____

Parent/Guardian Signature _____ Date _____

****Please circle dates attending****

****Please circle dates attending****

****Please circle dates attending****

Wednesday 90-Minute Late Start
 SEPTEMBER 2009
 Sept. 9 - \$5.00
 Sept. 16 - \$5.00 TOTAL FOR
 Sept. 23 - \$5.00 MONTH _____
 Sept. 30 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 OCTOBER 2009
 Oct. 7 - \$5.00
 Oct. 14 - \$5.00 TOTAL FOR
 Oct. 21 - \$5.00 MONTH _____
 Oct. 28 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 NOVEMBER 2009
 Nov. 4 - \$5.00
 Nov. 11 - \$5.00 TOTAL FOR
 Nov. 18 - \$5.00 MONTH: _____
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 DECEMBER 2009
 Dec. 2 - \$5.00
 Dec. 9 - \$5.00 TOTAL FOR
 Dec. 16 - \$5.00 MONTH: _____
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 JANUARY 2010
 Feb. 6 - \$5.00
 Feb. 13 - \$5.00 TOTAL FOR
 Feb. 20 - \$5.00 MONTH _____
 Feb. 27 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 FEBRUARY 2010
 Feb. 3 - \$5.00
 Feb. 10 - \$5.00 TOTAL FOR
 Feb. 17 - \$5.00 MONTH _____
 Feb. 24 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 MARCH 2010
 Mar. 3 - \$5.00
 Mar. 10 - \$5.00 TOTAL FOR
 Mar. 17 - \$5.00 MONTH _____
 Mar. 24 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 APRIL 2010
 Apr. 7 - \$5.00
 Apr. 14 - \$5.00 TOTAL FOR
 Apr. 21 - \$5.00 MONTH _____
 Apr. 28 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 MAY 2010
 May 5 - \$5.00
 May 12 - \$5.00 TOTAL FOR
 May 19 - \$5.00 MONTH _____
 May 26 - \$5.00
 Student #1 _____
 Student #2 _____

Wednesday 90-Minute Late Start
 JUNE 2010
 Jun. 2 - \$5.00
 Jun. 9 - \$5.00 TOTAL FOR
 June 16 - \$5.00 MONTH _____
 Student #1 _____
 Student #2 _____

Please clip and return coupon with your payment.
 For questions regarding registration, please call
 (253) 891-6500, M-F 8:00 AM - 5:00 PM.
 Fax (253) 891-6515