



Lubec Summer Recreation Program

Registration Form

Child's Name: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Age: ____ **Date of Birth:** _____ **Grade:** _____

IN CASE OF EMERGENCY CONTACT:

Name: _____

Home Phone: _____ **Work Phone:** _____

IS YOUR CHILD TAKING ANY MEDICATIONS? IF SO LIST:

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO LIST:

PLEASE LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:



Lubec Summer Recreation Discipline Policy

- Show respect for everyone including rights, opinions, and feelings at all times.
- Bullying of any kind is unacceptable. Bullying can be defined as teasing, hitting, kicking, shoving, biting, or verbal attacks.
- Show respect for property and the property of others.
- Do not use vulgar, profane, or suggestive language at any time.
- Obey all rules and staff members at all times.

IT IS A PRIVILEGE TO ATTEND THE SUMMER RECREATION PROGRAM

The Lubec Summer Recreation Program has a ZERO tolerance policy. This means that any form of bullying, violence, harassment, threats, use of tobacco, alcohol, and illegal substances, etc. will not be tolerated. If any person is in violation of this policy the following steps will be taken.

- 1st offense – verbal warning from staff person
- 2nd offense – written notice & meeting with parent
- 3rd offense – dismissal from the program

Depending upon the severity of the offense a child may be immediately dismissed from the program. Disciplinary actions taken are at the discretion of the program coordinator.

I have read and understand the above policy.

Child's Signature

Date

Parent/Guardian

Date



Lubec Summer Recreation Program

RELEASE FORM

Child's Name _____

Parent's Name _____

MEDIA RELEASE

I grant my consent to the Lubec Summer Recreation Program to use my child's likeness, whether in still or motion pictures, my child's photographs and/or reproduction, including my child's voice and features, with or without my child's name. I agree that I am not entitled to compensation of any kind arising from the use of my child's likeness.

FIELD TRIP RELEASE

My Child has my permission to participate in the Lubec Summer Recreation Program and all field trips. I am aware that participating in the program and any field trips may involve some risk of injury, and I do hereby agree to assume all responsibility of harm or damage to his/her person arising during the program or any field trip. I agree not to hold Lubec Elementary School, AOS #77, The Lubec Community Outreach Center, their Board or Directors, Administrators, Agents and Employees, from any and all liability of personal injury that may occur while my child is participating in the Lubec Summer Recreation Program, including all field trips. I have provided a copy of my child's birth certificate for travel purposes. If I provided an original document I understand that LCOC is not responsible for replacement if it is lost.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE

Signature: _____ Date: _____
Parent/Guardian