

HOLIDAY PROGRAMS: 2024-2025

PARTICIPANT TYPE: ■ **REC Member \$25** ■ **Non-Member \$30** ■ **School's Out Participant \$15**

**We must have a minimum of 10 participants to hold each program. Your child must be signed up and paid for 5 days prior to each Program.
Payable by cash, check or credit/ debit card only (no Rec membership draft)**

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| TEACHER INSTITUTE _____ Mon, Aug. 12 Total \$ _____ TEACHER INSTITUTE _____ Fri, Oct. 11 Total \$ _____ COLUMBUS DAY _____ Mon, Oct. 14 Total \$ _____ NO SCHOOL _____ Fri, Oct. 25 Total \$ _____ ELECTION DAY _____ Tue, Nov. 5 Total \$ _____ VETERAN'S DAY _____ Mon, Nov. 11 Total \$ _____ | FALL BREAK _____ Wed, Nov. 27 Total \$ _____ CHRISTMAS BREAK _____ Mon, Dec. 23 _____ Thur, Dec. 26 _____ Fri, Dec. 27 _____ Mon, Dec. 30 _____ Thur, Jan. 2 _____ Fri, Jan. 3 Total \$ _____ TEACHER INSTITUTE _____ Mon, Jan. 6 Total \$ _____ | SPRING BREAK _____ Mon, Apr. 14 _____ Tues, Apr. 15 _____ Wed, Apr. 16 _____ Thurs, Apr. 17 _____ Fri, Apr. 18 Total \$ _____ TEACHERS INSTITUTE _____ Thur, May 22 Total \$ _____ LAST DAYS PRIOR TO CAMP _____ Fri, May 23 Total \$ _____ |
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Child's Name: _____ Grade: _____
 Address: _____ City: _____ State: _____
 Best Contact Number: _____

Days Attended: _____
Total \$ _____

Permission and Release of Liability:

In consideration of my child's participation in the activities of the REC, I do hereby agree to hold free from any and all liability, the REC and its respective officers, employees, and members and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me arising out of or connected with my child's participation in any of the activities of The Rec.

 Parent /Legal Guardian Signature

_____/_____/_____
 Date

Will anyone besides yourself be picking up your child? Yes ___ No ___

If yes, who? _____

Name _____
 Emergency Contact: _____

 Phone

 Name

 Phone

