

**Registration for Summer Recreation PLUS 2011**  
**Monday – Friday June 20 – August 26**  
**2:00 – 6:00 pm**  
**Yachats Commons**

**Participant's Name** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Emergency contact:** \_\_\_\_\_

**Emerg. Phone :** \_\_\_\_\_

**Fees:**

**All summer (6/20-8/26) \$60 - \$400 if pre-registered with this registration form. (Sliding scale; pay what you can afford.)**

**-or-**

**By the week: \$40 per week**

**-or-**

**By the day: \$10 per day**

**\$ Rec'd:** \_\_\_\_\_

I agree that the above-named children may participate in walking trips, and in short field trips with staff or trained volunteers.

I consent to and authorize treatment in the case of any medical emergency. It is understood that all efforts shall be made to contact the undersigned parent/guardian prior to rendering emergency treatment to the youth named.

I consent to and authorize the use of any photographs of the above-named child participating in Summer Recreation. I understand photos may be used for brochures, newspaper articles, and other publicity uses.

I have read and understand the policies and participation requirements of the Yachats Youth & Family Activities Program. I assume all liability from any cause whatsoever in connection with the Yachats Youth & Family Activities Program (hereinafter called "this nonprofit organization"), and I release this nonprofit organization, and its directors, officers, employees, agents, and volunteers from all liability from any cause whatsoever in connection with this nonprofit organization.

I authorize YYFAP to add my e-mail address to their mailing list.

**Parent or Guardian Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_