

T-SHIRT SIZE/ONE INCLUDED IN REGISTRATION FEE OF \$20.00/PER. FAMILY

- Youth Small
- Youth Medium
- Youth Large

- Adult Small
- Adult Medium
- Adult Large

Extra T-Shirt Yes or No

Please note: T-shirt order will ONLY be placed on June 9th.

***To be guaranteed size of t-shirt, registration fee MUST BE PAID on registrations night.**

SUNSCREEN

The Mechanicville Area Community Services Center requires written permission for our staff to apply topical sunscreen to a child. Please fill in the following information if you wish us to do so. ** All sunscreen needs to be labeled with the child's name. Staff will keep all sunscreen in a container. Staff will bring the sunscreen container to all offsite locations (field trips) or when sunscreen is needed. No children are allowed to carry sunscreen.

I give permission for the staff of the Mechanicville Area Community Services Center to apply sunscreen, that I have provided, as needed to help protect my child from the sun.

Special Instructions: _____ Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR PICK UP

Parent's Marital Status:

If Separated or Divorced who has legal custody?

Is Child's time divided between parents because of divorce or separation?

Yes No

Please note that unless there is a legal document ON FILE with the program office stating that one parent is not allowed contact with a child, staff is NOT legally able to keep a non-custodial parent from picking up the child/ren. Please attach a copy of a legal document to this form if this situation applies to you.

I give permission for the following people to (must be over 18 years of age) to pick up my child/ren at the Mechanicville Area Community Services Center (MACSC) SACC Program. I realize that my child/ren will not be released to anyone who is not listed below unless MACSC is informed with written permission.

I also understand that if a staff member does not recognize a parent or someone else on this child's pick up form, the staff person may ask for identification. It will be my responsibility to insure that each of the individuals listed below will have proper identification, if required, to present to the MACSC staff.

Additionally, all MACSC staff reserves the right not to release a child to anyone that smells of, or presents themselves to be under the influence of drugs or alcohol.

Last Name: _____ First: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Last Name: _____ First: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

HOLD HARMLESS

I give my child/ren permission to participate in all programs and activities provided through the Mechanicville Area Community Services Center. I understand that my child/ren may be photographed and his/her name may be used for publicity purposes for the MACSC. I absolve and hold harmless the Mechanicville Area Community Center, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the MACSC's sponsored programs, including the Summer Program. Any and all accidents must be reported to the parents, Child Care Director and Executive Director within 24 hours. Parent/Guardian Signature: _____ Date: _____