



SCHOOL'S OUT? NO PROBLEM!

WHO

K-8th Graders

WHAT

Children will enjoy games, other group activities, and must also bring a bag lunch and 1 snack

WHEN

All Day Outs will be offered from 7:30am-6:00pm on November 8, 11, and 23

WHERE

All activities will take place at Archdale Parks and Recreation at Creekside Park

REGISTRATION

*There is no additional fee for current full time after school participants

*The fee for all others is

\$20 City Residents

\$26 Non-Residents

*Everyone is encouraged to sign up ahead of time



For more information please contact David Pollock at 434-7312
or dpollock@archdale-nc.gov

ARCHDALE PARKS AND RECREATION - All Day Out Registrations

Child's Name: _____ Age: _____
 Grade: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Mother's Name: _____
 Mother's Cell: _____ Email Address: _____
 Father's Name: _____
 Father's Cell: _____ Email Address: _____
 Any Other Authorized Pick Up (Photo ID Required): _____

 Please indicate any special health or medical conditions including allergies: _____

| Please select the days you would like to register for: | | |
|--|-----------|------------|
| Date | Full Time | All others |
| Tuesday 11/8 | | |
| Friday 11/11 | | |
| Wednesday 11/23 | | |

In the event of an emergency I authorize Archdale Parks & Recreation staff to seek proper medical treatment for my child(ren). I agree to pay for all services not covered by medical insurance. I agree to keep insurance and necessary medical information updated. I have been given the opportunity to inspect the premises and equipment, and talk to staff.

The parent/Guardian hereby agrees to release, and hold harmless the City, its officers, agents, servants, and employees from and against any and all suits, actions, legal proceedings, claims demands, damages, costs, expenses, and attorneys' fees resulting from any loss, damages, or injuries that may occur during participation in City of Archdale Summer Camp and After School Program activities.

I have read the Archdale Parks & Recreation Department After-School program waiver

Parent Signature: _____ Date: _____