PLEASANTVILLE PANTHER CLUB
REGISTRATION/MEDICAL FORM

Name:_____ Grade_____ Male_____ Female_____
Complete Address:_____
Home Phone:_____Date of Birth:_____Age:_____
Mother's Name:_____Father's Name:_____
Cell Phone: Mother:_____Father Cell:_____
Doctor's Name:_____Phone:_____
Parent e-mail:_____Business Phone:_____
Emergency Contact:_____Phone:_____
Child's specific health problems, insect sensitivities, physical limitations/allergies, etc.
_____
_____
Hospitalization Insurance Company:_____ID #:_____

Please circle days you will be attending the Panther Club:

Monday Tuesday Wednesday Thursday Friday

Please circle monthly fee option or whole year:

		List Month/Months
5 Days per week	$440.00 per month	_____
4 Days per week	$400.00 per month	_____
3 Days per week	$360.00 per month	_____
2 Days per week	$300.00 per month	_____
1 Day per week	$200.00 per month	_____
5 Days per week (whole year)	$4,000.00 (discount)	_____

Space is limited if you sign up on a month to month basis

I hereby, for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages against the Village of Pleasantville, its Trustees, Employees, Representatives and volunteers for any and all injuries suffered by myself or my child(ren) at any activities sponsored by these groups.

I understand that my signature here as a parent or legal guardian indicates that all the above information is true, that my child is in satisfactory health with no specific health problems other than those noted above, that I agree to comply with all department policies, and that I give my permission for my child to participate in all activities. I also understand that all participants **ARE NOT** covered by Village of Pleasantville insurance. By signing below I also give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, X-rays and needed care.

Signature of Parent/Legal Guardian_____

Check #:_____Cash:_____Credit Card:_____Amt. Paid_____Date_____