Danbury P.A.L Summer Experience Registration Form

Please Print As Neatly As Possible

Child Information:

Name:			
			City:
Grade (Fall 2016):	School:		Town:
List Any Medical Problems	or Information :		
Parent Information: Name:		E-Mail:	
Phone: Cell:	Home:		Work:
Emergency Contact In Name:		Phone #:	
Relationship :			
my permission and consent, agree t arising from any injury to above na	to release, indemnify, and hold h med minor. I hereby give my co	armless the Danbury P.A nsent for emergency care	pation by the above named minor child, I hereby give .L, its officers, staff, and representatives from any claims prescribed by duly licensed Doctor of Medicine or serve the life, limb, or well-being of my dependent.
This also gives PAL permission to and other ways PAL sees fit.	take photography and/or video o	f said participant for the	purposes of promoting programs on fliers, social media,
I agree to pay all registration	fees on timely basis. A fe	e of \$25 will be char	ged for each returned check
Signature (Parent/Guardian):	: <u></u>		
Fee Structure: Please (Check Appropriate F	ee-	
\$170 per Week (9 am to	3 pm)	EARLY BIR	D SPECIAL:
\$215 per Week (8 am to	4 pm) Sign-Up	before May 22 nd	and Receive \$10 off per week
***Multiple Child Discount:	\$25 Off per Family per W	Veek N	No Refunds

Session Schedule: Please Check Appropriate Week-

Week 1: June 20 th -June 24 th	Week 5: July 18 th - July 22 nd
Week 2: June 27 th -July 1 st	Week 6: July 25 th -July 29 th
Week 3: July 5 th -July 8 th	Week 7: August 1 st - August 5 th
Week 4: July 11 th - July 15 th	Week 8: August 8 th - August 12 th

Please Make Checks Payable to Danbury P.A.L

 Amount Due:
 ______Cash:
 ______Check #:______