

RecZone @ RMS WINTER Registration Form

Start Date Jan 6th - End Date Mar 19th

Participant Name (Please Print): _____

Last First

INFORMATION ON FEES:

Participants must be RecZone members to register for and attend classes. **Fees cover one term** (generally 3 months) and are on a sliding scale: \$20/\$10/Free. Out of City Residents are charged a 20% fee in addition to the fees for membership and classes. RecZone fees are non refundable.

INFORMATION ON FIELD TRIPS

Students must be registered and attending Rec Zone to go on field trips. Trips may be altered due to weather or participation. Fees for trips are not on a sliding scale. Details for trips will be given the week previous.

Note: If you have previously filled out a Registration form you must fill out a new one for this term

** Questions? Call Josh @ 541-954-3983

Watch for Snow Field Trip coming up soon!!!!

Course #	Class	Day(s)	Full/Reduced/ Free	Total
83389	Membership	Mon-Thur	\$20 / \$10 / 0	
83393	Fitness Zone	Mon-Thur	Free	
83396	Mind Zone	Mon-Thur	Free	
83397	Game Zone	Mon-Thur	Free	
83398	Better than B9	Wed	Free **	
83405	Kites	As Scheduled	Free	
83295	Aqua Adventures	Every week	\$10.00 / \$5.00	
83402	Cooking	Mondays	\$5.00	
83406	Laser Tag	1-8-09	\$5.00	

** There may be a small fee at the time of the field trip

Subtotal _____
 Out of District _____x20%_____
Total Fees _____



Five Easy Ways to Register:

Mail-in: Amazon Community Center, 2700 Hilyard St. Eugene, OR 97405

Phone-in: 682-5373. **PLEASE NOTE:** The Health and Liability Form must be submitted to complete registration

Fax-in: Fax the Registration and Health and Liability forms to 682-5367. Include VISA or MasterCard number.

Walk-in: Amazon Community Center, 2700 Hilyard St. Eugene, OR 97405 or at the Roosevelt M.S. office.

On-line: Full fee only. <http://www.eugene-or.gov> **PLEASE NOTE:** The Health and Liability Form must be submitted to complete registration.

Payment Method: ___ Visa ___ MCard ___ Cash ___ Check (Payable to City of Eugene)

Card# _____

Exp Date _____

Name of Cardholder _____

Signature _____



The Health and Liability form on the back of this page must be completed



Health and Liability

I hereby give permission for my student, _____, to engage in the RecZone after school programs offered by the City of Eugene, Youth & Family Recreation Services. I declare that I am the parent or legal guardian of the above named child, and I have custody and control of the child. In the event my child is injured or should require medical attention, I hereby request that you contact our family physician or myself. In the event that we cannot be reached, I hereby authorize the Youth and Family Recreation Services staff to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment, which are not covered by my insurance. I hereby authorize RecZone staff and school personnel the ability to share information in regards to IEP programs, academic or behavioral plans, or any other pertinent information that will assist staff in providing services to your child. With the exception of trips, the City of Eugene Recreation Services activities are not insured. In consideration of the right to participate, persons registered for an activity should be aware that certain risks are inherent in any kind of activity. I assume all risks and hazards to such participation including transportation to and from the activities and hereby waive, release, absolve and indemnify and agree to hold harmless Bethel School District, School District 4J, City of Eugene and the partners of RecZone, its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child.

My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY

PARENT/GUARDIAN SIGNATURE

DATE

Please indicate (yes) or (no) to allow your child to participate in the following:

Leave campus for field trips or excursions	Yes	No	Water activities	Yes	No
Leave the after-school program early	Yes	No	My child may walk home from Rec Zone	Yes	No
Indoor Wall/Rock Climbing activities	Yes	No	My child may watch PG-13 movies	Yes	No

STUDENT INFORMATION

Name _____ Grade _____ Age _____ Birth Date _____ Sex M/ F

Does your Student qualify for FREE or REDUCED lunch? Please include letter from school district to verify your child's status.

Optional: White Hispanic/Latino African American Asian/Pacific Islander Native American Multi-Racial Other _____

PARENT/GUARDIAN INFORMATION

Is your residence currently within Eugene City limits? YES NO (does not effect eligibility to participate)
Would you like to be notified if your child does not check into the program each day? Yes No # to call _____

PARENT/GUARDIAN 1
Name _____

PARENT/GUARDIAN 2
Name _____

Relationship to student _____

Relationship to student _____

Address _____ City _____ Zip _____

Address _____ City _____ Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

EMERGENCY INFORMATION if PARENT/GUARDIAN unavailable (this information must be provided)

Contact Name _____ Relationship _____ Phone _____

Medical Doctor: _____ Phone _____ Dentist _____ Phone _____

Insurance Company _____ Policy No. _____

Medical Conditions _____

Medications _____

Allergies _____

Does your child need accommodations for a disability? If so please explain. _____