



# Before & After School Drop-In Program: October 2020



Please Indicate AM or PM Each Day

Mon	Tue	Wed	Thu	Fri
			1	2
<b>X</b>	<b>X</b>	<b>X</b>		
5	6	7	8	9
		<b>X</b>		<b>X</b>
12	13	14	15	16
<b>X</b>		<b>X</b>		
19	20	21	22	23
		<b>X</b>		
26	27	28	29	30
		<b>X</b>		

### RATES

#### Daily

Before or After- \$9.00  
Before and After- \$18.00

**Before School: 6:30am-8:30am**

**After School: 2:15-6:00pm**

### WAIVER FOR PARTICIPATION

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreational programs, I hereby, for my child, my heirs, executors, and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors, and assigns and/or Town of Clarkson and its representatives, successors, and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department Registration/Refund Policy. Refunds are subject to a processing fee.

**Child's Name** \_\_\_\_\_ **Parent's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **AMT PD.** \_\_\_\_\_

**Staff Signature :** \_\_\_\_\_