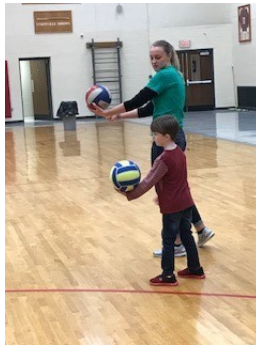


## Program Information

*Our programs provide a fun and non-competitive atmosphere for participants to learn and utilize new skills. Qualified and experienced instructors teach the fundamentals, involving each child in drills, practices and informal games.*



- All programs are co-ed
- Participants meet instructors in the Unionville Elementary gym immediately after school
- Athletic shoes required - *no sandals please!*
- A minimum of 12 participants must be registered by deadline for each program
- Advance registration is required with Monroe County Parks & Recreation. Registrations will not be accepted at the school
- Participants must be picked up promptly at 5:00 pm or advance arrangements made to go to Extended Day program. Late pick-up may incur additional charges.
- In the event of school snow day, program will be cancelled and rescheduled at a later date

### Registration Deadlines:

**Volleyball - January 23**

**Four Square - January 23**

**Soccer - March 13**

Mail completed registration form and payment to:

**Monroe County Parks & Recreation**

**501 N. Morton St., Suite 100**

**Bloomington, IN 47404**

  
**Monroe County  
Parks and Recreation**  
501 North Morton Street - Suite 100 - Bloomington, IN 47404  
812-349-2800 Fax: 812-349-2899 mcpr@co.monroe.in.us  
www.mcparksandrec.org

# After School Programs

## Winter / Spring 2019

### Unionville Elementary



  
**Monroe County  
Parks and Recreation**

501 North Morton Street Suite 100 Bloomington, IN 47404  
812-349-2800 Fax: 812-349-2899 mcpr@co.monroe.in.us  
www.mcparksandrec.org

PARTICIPANT'S NAME (First & Last) \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_ M / F SCHOOL \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Full Name \_\_\_\_\_ Parent #2 Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

List any health concerns, special needs and/or medications \_\_\_\_\_

**Please check all that apply:**

PROGRAM	DAYS	TIME	DATES	FEE
<u>WINTER</u>				
<input type="checkbox"/> Volleyball	M/W	3:45-5:00 pm	Jan 28,30, Feb 4,6,11,13,20,25	\$36
<input type="checkbox"/> Four square	T/Th	3:45-5:00 pm	Jan 29, 31, Feb 5,7,12,14,19,21	\$36
<u>SPRING</u>				
<input type="checkbox"/> Soccer	M/W	3:45-5:00 pm	March 18,20,25,27, April 1,3,8,10	\$36
<b>TOTAL DUE:</b>				<b>\$ _____</b>

Register early -  
space is limited!

**Consent for Services and General Release**

I understand that I or my child will not be covered under any medical insurance through the County of Monroe, Indiana or through the Monroe County Parks & Recreation Department.

I recognize that because of the nature of this activity that an injury may be sustained. In the event of an injury or illness to myself or my child, I give my permission to call for ambulance or emergency personnel, and agree to pay the usual and customary charges for such service. In the event of an injury or illness to myself or my child, if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as is medically necessary, and agree to pay the usual and customary charges for such treatment. I now release the County of Monroe, Indiana, the Monroe County Parks & Recreation Department, its employees, volunteers, agents, sponsors, officers, independent contractors, vendors and assigns for any personal injuries or damages to personal property caused by or having any relation to this activity. I understand that this release applies both to present and future injuries or damages, and that it binds my heirs, executors and administrators.

I understand that participants may be photographed and/or videotaped during this activity and assign and transfer all right, title and interest in any prints, digital images and/or film footage to Monroe County Parks & Recreation for marketing purposes.

I agree to pay in full, prior to the commencement of any program that my child participates in, all applicable fees and charges, as indicated above, for my child's participation in this program.

I have read this Consent for Services and General Release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Date*