



Scholarships are available

For more information, Contact Steven Sterud

Community Education Office 320-752-4818 or toll free 1-877-889-4153

Registration forms can be downloaded from the Community Education link at www.lqpv.org



**Madison Youth Recreation Activities 2015-16 Preschool-Grade 8**



Discounts available if returned to the Madison Elementary or Community Ed Office by May 6th

Name \_\_\_\_\_ Phone \_\_\_\_\_ (Grade level 2015-16) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

T-Shirts \$10.00 Circle Size; Youth S, M, L, XL or Adult S, M, L, XL

**\*\*Please return by May 6th in order to guarantee a shirt when summer rec starts.  
Registrations after this date aren't guaranteed their shirt size. Pay with registration (below)**

Activity	Regular Fee	Fee Enclosed
Computer (Grades K-6)	\$10	
Create with Arts & Crafts (K-6)	\$15	
Double AA Baseball	\$50	
Golf (3-6)	\$20	
 Kids in the Kitchen Gr. K-2	\$20	
 Kids in the kitchen Gr. 3-6	\$20	
Hoops (K-6)	\$15	
SB Junior League (4-6)	\$45	
Lego Robotics (gr 2-3) limited to first 10	\$15	
Lego Robotics (gr 4-6) limited to first 10	\$15	
Major League (4-6)	\$50	
Minor League (2 & 3)	\$50	
Physical Education Games (K-6)	\$10	
Preschool Fun	\$30	
SB Rookie League (2-3)	\$45	
Science (K-6)	\$20	
Soccer (K-6)	\$15	
<b>Softball T-Ball</b> (Preschool-Grade 1)	\$25	
<b>T-Ball</b> (Preschool-Grade 1)	\$25	
Tennis (3-6)	\$25	
<b>Sub-total</b>		
Less 10% for 1 child if paid for by May 6		
Less 15% for 2 children if paid for by May 6		
Less 20% for 3 or more children if paid for by May 6		
<b>Total for all activities</b>		
Supervised Noon (does not qualify for discount)	\$2/day or \$36 for 6 weeks	
Summer Rec t-shirt (does not qualify for discount)	\$10 (CIRCLE SIZE ABOVE!)	
	<b>Total fees enclosed</b>	

**See Back For Payment Options**

**Parents/Guardians: Please fill out the form on the back of this page! Thank you**

 **Check out our discount caps for families! You must meet the requirements listed on back to qualify. If not met, regular fees will apply.**

**I (parent/guardian) give permission for my child to participate in the Madison Summer Youth Recreation Activities. I understand the intent of the Madison Summer Youth Program and will cooperate with the Director and Recreation Staff.**

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

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Place \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Health History**

Child has (check if appropriate):

Asthma     Convulsions     Fainting Spells     Physical Impairment  
 Bronchitis     Diabetes     Heart Trouble     Hay Fever

Allergies or reactions to (check those appropriate):

Drugs:  Penicillin     Aspirin     Other: \_\_\_\_\_    Insect Bugs or Stings \_\_\_\_\_

Foods (list): \_\_\_\_\_

Child has a condition now requiring medication? \_\_\_\_\_

If yes, please indicate condition: \_\_\_\_\_

Name of medication: \_\_\_\_\_




Is medication in possession of child?  yes  no

Is child capable of self-administration of prescribed medication?  yes  no

**\*\*Please be sure to apply sunscreen adequately and liberally to your child/children 30 minutes prior to arriving at the Summer Recreation Program. Thanks!**

**Payment Plan Options**

1. Pay for the entire summer by May 6th to take the discounts (see below)
2. Pay half by May 6th - 2nd payment due June 6 and still receive discounts (see below)
3. Regular fees will apply if deadlines are not met.
3. Scholarships are available. Contact Steven Sterud by calling the Community Education office 320-752-4818 or toll free 1-877-889-4153

 See option 1 or 2 above	 See option 1 or 2 above	 See option 1 or 2 above
<b>10% Cap/ 1 child participating</b>	<b>15% Cap/ 2 children participating</b>	<b>20% Cap/ for 3 or more children participating</b>
Child's Name	Child's Name	Child's Name
	Child's Name	Child's Name
		Child's Name

**Community Education Policy Statement**

The LqPV Community Education Department does not provide accident insurance for participants in any of its programs/activities. Participants assume all inherent risk of injury resulting from their involvement in programs or activities. Participants, upon payment of activity/program fee, give consent to the use of any photographs taken by Community Ed, its employees, agents and elected officials, and such photographs shall become the property of Community Ed. Participants are not entitled to compensation of any kind for such photographs.