

## Solon Recreation Summer Camp / Adventure Camp Payment Form

Name & Address:	Parents Name:		
	Home Phone:	Work Phone:	Other Phone:

Parent's E-mail Address:
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Child's Name:	2009-2010 Grade:	Session:    1   2   3   4
Child's Name:	2009-2010 Grade:	Session:    1   2   3   4
Child's Name:	2009-2010 Grade:	Session:    1   2   3   4
Child's Name:	2009-2010 Grade:	Session:    1   2   3   4

**RELEASE:** In consideration of permission granted to me for my participation in the Solon Recreation Program and other valuable consideration, I, the undersigned on behalf of myself, my heirs, executors, administrators, and assigns, do hereby release and discharge the City of Solon, its Recreation Department, its officers, employees, officials and agents, jointly and severally, from any and all claims, demands, actions, judgment, and executions, which may arise out of my participation in the Solon Recreation Program. Further, in consideration of permission granted to me for my participation in the Solon Recreation program, I hereby agree, on behalf of myself, my heirs, executors, administrators, and assigns, to indemnify all or any combination of the aforesaid, jointly and severally and to hold and save harmless from and against any and all actions, claims, demand, liabilities, loss, damage, or expense of whatever kind and nature, including attorney's fees, which may at any time be incurred by reason of my participation in the Solon Recreation Program.

Parent/Guardian Signature:

Date:

**Important Registration Information:** On the day of registration, **FULL PAYMENT** is due for the first session you intend to use. Following sessions **MUST** be reserved with a **NON-REFUNDABLE \$25.00 deposit**. **FULL** payment for the bus service for all sessions is due on registration day.

**\*\*\*DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY\*\*\***

Child's Name & Grade	Session 1	Session 2	Session 3	Session 4	
1.					
2.					
3.					
4.					
<b>Total Per Session</b>					
Deposits Due	+	-	-	-	
Additional 1 <sup>st</sup> Sessions	+	-	-	-	
Bus Fee	+	Balance Due:	Balance Due:	Balance Due:	
Extra T-shirts	+				
<b>Total Due Today:</b>					

Due Date	Amount Paid	Date	Cash	Check #	Charge	Clerk
First Payment						
Session 2 – 6/5						
Session 3 – 6/19						
Session 4 – 7/3						