

Therapeutic Recreation Program
Program Registration Form

Name _____ Age _____

Address _____ Phone: H (____) _____

_____ W (____) _____

Email _____ C (____) _____

RM./Voc. _____

Emergency Contact _____ (Relationship) _____

Emergency phone (____) _____ (____) _____

Parents/Guardians please initial each statement in the check list below to complete registration.

- I have written down all of the **START UP and ENDING** dates and times of the programs.
- I have read and understand all Recreation policies necessary to participate in the SJOG Recreation Program
- I have called to make necessary transportation arrangements.
- I have enclosed all **forms and fees**.
- I have read the **Late Pick Up Policy** and will be able to comply with the terms.

Special Olympics Training Programs

Fall Schedule

- Outdoor activities \$15 Bowling I \$15 Bowling II \$15
- Healthy Cooking \$15