



Complete the back side!

K – 5 Afterschool Adventures this Fall

Totally Wild Tuesdays

Tuesdays 2:45 - 4:15 @ RLHT, 2424 Main St.
September 3, 10, 17, 24 & October 1, 8

Trail Building Thursdays

Thursdays 2:45 – 4:15 @ Rangeley Family Medicine, 42 Dallas Hill
September 5, 12, 19, 26 & October 3, 10

\$65 Whole Program or \$10 per day - All payments are due the 1st Program Day of that month

I. BASIC CONTACT INFORMATION

Child's Name: _____	Date of Birth: _____
Address: _____	
School: _____	Grade: _____
Primary Contact: _____	Home Phone: _____
Address: _____	Work Phone: _____
Email: _____	Relationship: _____

Additional Emergency Contacts:

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

I give permission for the following person(s) to pick up my child(ren):

Name: _____	Name: _____
Cell Phone: _____	Cell Phone: _____

If another person will pick up your child's we must have a signed note or you must contact RLHT at 864-7311.

II. HEALTH

Rangeley Lakes Heritage Trust welcomes the participation of all individuals including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start of the program. RLHT recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

I want RLHT to know about these medical conditions: _____

I want RLHT to know about these disabilities for my child: _____

Do you request an ADA accommodation? Yes No If yes, someone from RLHT will follow up with you regarding your request.

III. MEDICATIONS

- This child **will not** take any medications while attending camp.
 - This child **will** take the following medications while attending camp. Please specify below.
- "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.

Medication:	Date Started:	Time Taken:	Dosage:	Physician:	Phone:

Return completed form to 2424 Main Street, Rangeley ME 04970.
Contact Amanda Laliberte 265-6138 or at alaliberte@rlht.org for more information.

