

RCHAL P.E. REGISTRATION FORM

*****Thursdays: 3:00pm - 4:30pm at the Bogue Falaya park in Covington*****

Parents Name: _____

Contact Phone Number: _____

Circle grade level(s) you can HELP with: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Children registering for P.E.:

	Child's Name	Date of Birth mm/dd/yy	Grade Level	Describe any physical condition which may hinder participation in certain events
1				
2				
3				
4				
5				
6				
7				
8				

Payment Information

\$10 per child, \$30 max per family, per session

2006 Fall Session Payment: \$ _____ (September 14, 2006 - December 7, 2006)

2007 Spring Session Payment: \$ _____ (January 18, 2007 - May 3, 2007)

Total Payment: \$ _____ Check#: _____ Cash (circle one)

Mail this form with payment to: RCHAL, P.O. Box 663, Covington, LA 70434

Agreement:

I understand that RCHAL, or it's representatives, will not be held liable for any injuries sustained during these PE sessions. I also understand that this is not a drop-off service, and that I (or a designated adult) must be present with my child(ren) at each session to be available to handle any injuries that may occur.

Signature of parent or guardian