

RCHAL P.E. REGISTRATION FORM

Thursday: 3:00p.m. – 4:30p.m. at the Bogue Falaya Park in Covington

Parents Name: _____

Contact Phone Number: _____

Age Group you will be volunteering in: _____ *See sign up form

Children Registered for P.E.:

Child's Name	Age as of September 1 st	Grade Level	Describe any physical condition that may hinder participation in certain events
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Payment information – Fee due by first P.E.

Fees reduced!!!

\$15.00 per child with a \$50.00 per family maximum fee for the year

Total Payment: \$ _____ (Please write P.E. on check memo line)

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

Agreement

I understand that RCHAL, or its 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 physical injuries or behavior situations that may occur.

Signature of Parent or Guardian

For Office Use Only

Amount Paid: _____ Check#: _____ Date: _____ Received by: _____