

# Crooked River Ranch Summer Recreation Program 2023 Registration Form

Please sign up for 1 session only. Please indicate which session you would like to attend.  
If you would like to attend both sessions, you will be placed on a waiting list for the second session.  
Maximum of 45 children for each session.

## TWO SESSIONS

**SESSION 1 JULY 17 THRU JULY 21, 2023      SESSION 2 JULY 24 THRU JULY 28, 2023**  
**9:00 AM TO 11:45 AM (CHECK IN AT SWIMMING POOL EACH DAY BY 8:45 AM)**

MAIL OR BRING TO RANCH OFFICE NO LATER THAT JULY 5, 2023

MAIL TO: 5195 SW CLUBHOUSE RD – TERREBONNE OR 97760    PHONE 541-548-8939

NAME OF PARTICIPANT \_\_\_\_\_

LAST GRADE COMPLETED \_\_\_\_\_ PRESENT AGE \_\_\_\_\_ (Ages: completion of kindergarten thru grade 6)

Allergies or Medical Conditions \_\_\_\_\_

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**WAIVER and PERMISSION:** I hereby grant permission as parent or legal guardian for the participant named above to participate in the Crooked River Ranch (CRR) Summer Recreation Program. On behalf of the participant and myself, I voluntarily waive, release, discharge and hold harmless CRR, its employees, supervisors, directors, representatives and volunteers from all claims for all injuries to or medical expenses incurred by participant no matter how severe. Furthermore, I give consent for emergency medical treatment to the participant. **I understand that if my child/grandchild has special conditions that require extra care or supervision that I will be required to attend the event and provide that extra care or supervision.**

PARENT, GRANDPARENT\*, GUARDIAN NAME \_\_\_\_\_

RELATIONSHIP TO CHILD: Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_ ALT PHONE \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Parent/Guardian

**NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT THIS FORM BEING COMPLETED AND SIGNED**

**\*Grandparent must provide written permission from parent or legal guardian to sign on their behalf**

**SWIM LEVEL IF KNOWN: SHALLOW \_\_\_\_\_ MIDDLE \_\_\_\_\_ DEEP \_\_\_\_\_**

**Everyone must preregister!**

FLIP FLOPS MAY BE WORN IN THE POOL AREA....FOR ALL OTHER ACITIVITIES TENNIS "TYPE" SHOES MUST BE WORN

Questions call Sylvia Kimbley at 541-504-1073