

Program Registration Form

- Please completely fill out the registration form below. MAIL TO 338 MAIN ST 3RD FLOOR WINSTED CT 06098
- To ensure the safety of your child please give as many phone numbers as possible, so that in a case of emergency, we will be able to contact you as quickly as possible.
- Please provide the name, relationship and phone number of any person who may pick-up your child, other than yourself, from camp. Any person not on this list must be added in advance in order to release the camper into their custody.
- To ensure the enjoyment of your child we ask that under the Medical Information and Comments heading to list any pertinent information that can help our staff to provide a fun, safe, and happy experience.

Parent and Emergency Contact Information:

1. Parent/Guardian's Name _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Zip _____ Cell Phone _____
2. Email: _____
3. Emergency Contact (other than parent): _____ Phone _____

Child Release Information:

Please list those persons, other than parents, to whom the campers may be released to:

Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____

Participant Information:

1. Participant Name _____ Nickname _____ Age ____ Grade (entering in fall) __ Sex: M F
Program Name _____ Session _____ Time _____ Cost _____
Allergies _____
Special Needs _____
Medical Information/Comments _____

2. Participant Name _____ Nickname _____ Age ____ Grade (entering in fall) __ Sex: M F
Program Name _____ Session _____ Time _____ Cost _____
Allergies _____
Special Needs _____
Medical Information/Comments _____

3. Participant Name _____ Nickname _____ Age ____ Grade (entering in fall) __ Sex: M F
Program Name _____ Session _____ Time _____ Cost _____
Allergies _____
Special Needs _____
Medical Information/Comments _____

Waiver and Release:

I understand that injuries are a possibility as a result of participation in this activity. In case of emergency, if family cannot be reached, I hereby authorize the Emergency Department Physician to treat my child. I further understand my own insurance will be used in the event of an injury.

I agree to hold harmless the Town of Winchester, City of Winsted, the Parks & Recreation Department, it's officers, sponsors, agents, employees and anyone else associated with the program, from any loss, blame, expenses, injuries, property damage and liability whatsoever which may arise from participation in this program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____