



# Summer Fun Playground 2012 Registration Form

Participants Last Name	Participants First Name	Age	Date of Birth
Home Address	City	State	Zip Code
Home # ( )	_____ Male _____ Female	Grade in fall	School attending in fall
Parent / Guardian Last Name	Parent / Guardian First Name	Work # ( )	Cell # ( )
Emergency Contact	Relationship	Home # ( )	Cell # ( )

**Please check off all Sessions your child will be attending**

### Regular Week of Playground

_____ Week 1: June 25 – June 29	_____ Week 5: July 23 – July 27
_____ Week 2: July 2 -July 6 (No Camp 7/4)	_____ Week 6: July 30 - August 3
_____ Week 3: July 9 -July 13	_____ Week 7: August 6 - August 10
_____ Week 4: July 16- July 20	_____ Week 8: August 13 - August 17
_____ Week 9: August 20 – August 24 (will be held at 330 Windsor Ave.)	

### Swim & Play (Includes Swim Lessons & playground (\$230))

_____ Session 1: June 25-July 6	Level _____
_____ Session 2: July 9-July 20	Level _____
_____ Session 3: July 23- Aug. 3	Level _____
_____ Session 4: Aug.6- Aug. 17	Level _____

AM Extended	Dates:	PM Extended	Dates:
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### Medical Form

It is important for the Recreation Staff to be fully aware of any allergies, chronic or recurring illnesses, or physical limitations of your child as well as any medications your child is taking. For instance, it is important that we know whether your child has ever been stung and if there was a reaction to the bee/wasp sting or does your child require an inhaler for asthma.

Physician Last Name	Physician First Name	Phone # ( )
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Please list and briefly explain the following:

- \* Chronic or Serious Illness: \_\_\_\_\_
- \* Allergies: \_\_\_\_\_
- \* Current Medications: \_\_\_\_\_
- \* Prior Injuries: \_\_\_\_\_ \* Has your child ever been stung: \_\_\_\_\_

### People authorized to pick your child up from Summer Fun Playground other than yourself

Last Name	First Name	Relationship	Phone # ( )
Last Name	First Name	Relationship	Phone # ( )
Last Name	First Name	Relationship	Phone # ( )

#### ADA

#### American Disabilities Act

In consideration of being allowed to participate in the Town of Windsor Recreation & Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Dept. upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian.

Make checks payable to: Town of Windsor

**PLEASE ATTACH  
RECENT PICTURE OF  
CHILD**