



Summer Fun Playground 2010 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 21-June 25 | _____ Week 5: July 19- July 23 |
| _____ Week 2: June 28-July 2 | _____ Week 6: July 26- July 30 |
| _____ Week 3: July 6-July 9 (No Camp 7/5) | _____ Week 7: August 2- August 6 |
| _____ Week 4: July 12- July 16 | _____ Week 8: August 9- August 13 |

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

| | |
|-----------------------------------|------------|
| _____ Session 1: June 21-July 2 | Level_____ |
| _____ Session 2: July 6-July 16 | Level_____ |
| _____ Session 3: July 19- July 30 | Level_____ |
| _____ Session 4: Aug.2- Aug. 13 | Level_____ |

| | | | |
|-------------|--------|-------------|--------|
| AM Extended | Dates: | PM Extended | Dates: |
|-------------|--------|-------------|--------|

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 # () |
|---------------------|----------------------|----------------|

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

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.

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.

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**