



# 2018 Day Camp Registration

Town of Waterbury Recreation Department

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daycamp@waterburyvt.com

www.WaterburyVT.com

**PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD!**

PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY • PLEASE PRINT CLEARLY

## FAMILY INFORMATION

Primary Guardian:	Secondary Guardian:
Phone (cell):	Phone (cell):
Phone (H/W):	Phone (H/W):
Email:	Email:
Mailing Address:	Mailing Address:

## CHILD'S INFORMATION

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female    Birth Date:
Current Grade (K-6):	<input type="checkbox"/> I give permission for my child to have Tylenol at your discretion.
Allergies:	
Medication and Instructions:	
Accommodations needed:	
Known Disabilities:	
Medical/Physical limitations:	
Behavioral concerns:	

## EMERGENCY CONTACT

**This section is MUST be completed. List individuals to be contacted in case of emergency (if guardians are not available)**

Name:	Name:
Relationship:	Relationship:
Phone(1):                      Phone(2):	Phone(1):                      Phone(2):

By listing the name(s) below, I give the following individual(s) permission to pick-up my child at his or her program. If you would like to give your child permission to sign his/herself out at the end of the day, list their name below. CHILDREN THAT SIGN THEMSELVES OUT AT THE END OF THE DAY ARE NO LONGER SUPERVISED BY PROGRAM/CAMP STAFF! **\*SEE POLICY HANDBOOK FOR DETAILS**

Name	Relationship

**Policy Handbook Agreement:** I acknowledge I received a copy of the 6 page 2016 Waterbury Recreation Day Camp policy handbook; I understand the information and agree to the terms provided.

Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Waiver Agreement:** I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give consent for the names applicants to participate in programs offered by the Town of Waterbury. I hereby give consent for the names applicant to participate in programs offered by the Town of Waterbury. I hereby knowingly and fully hold harmless the Town of Waterbury, its employees, volunteers, instructors, coaches and subcontractors from any and all liability from injury claims and costs, loss of services, damages or loss of personal property for all programs and events. I certify that my child/participant is in excellent health and that there are no limitations to his or her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury or illness, and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child's temporary guardian. In addition, in the event of an emergency, accident, injury or illness, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child with any necessary medical treatment including x-rays, immunizations and medications.

Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Release: Waterbury Recreation occasionally uses photos of participants, programs, events and activities in promotional materials. By signing below, you grant permission for photographs to be taken of your child during any recreation activities and for the Town of Waterbury to use any photos in advertising and promotional materials without liability.

Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Notes:**