WEST HARTFORD LEISURE SERVICES REGISTRATION FORM

Please complete a separate form for each participant

PARTICIPANT'S LAST NAME______________________________________**First Name**_______________

Birth Date__________________Age__________ Male ____ Female ____ Entering Grade _______ (*if applicable*)

SPECIAL CONCERNS: List any special needs, health or behavioral issues, or concerns of participant:____________________

____

PROGRAM #	TITLE	DATES	TIME	FEE
			Scholarship Fund Donation Program # 992001	
			TOTAL	$

PAYMENT TYPE: Cash____*(in person only)* **Check #**_______ (*payable to "Town of West Hartford"*)

___**VISA** ___**Master Card** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date:** ________ ______
Month *Year*

Household Information (Please print):

Your Name **or** Parent/Guardian Last Name____________________________________ First Name__________________

Street ____Town_____________________Zip__________

Home Phone # ______________________Work Phone # ______________________Cell Phone #__________________

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Emergency Contact for Participant ____________________________________Relationship____________

Home Phone #______________________Work Phone #______________________ Cell Phone #__________________

I realize that as with any physical activity there is a possible risk of accidental injury to me/my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which I/my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which I/my child may suffer while participating in this West Hartford Leisure Services Program.

Signature: ____**Date**____________

HEALTH AND EMERGENCY INFORMATION

This section MUST BE COMPLETED if you are registering a CHILD for a program that runs 3 HOURS OR MORE A DAY.

Has participant been prescribed an Epi-pen? Yes ____ (if yes, an Epi-pen form will be sent to you) No ____

Please list and describe your child's known allergies, known illnesses, physical limitations, special needs, etc.:______________________________

____

List Medications ____

Family Doctor's Name____________________________________ **Doctor's Phone Number**

Please read below and if you understand and agree to each statement *write your initials* in the space next to the paragraph to signify your understanding and agreement.

_________ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: **Hospital Name**________________________________

_________ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_________ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_________ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

_________ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_________ **FIELD TRIPS**: I hereby give my permission for my child to go on the field trips scheduled for his/her particular camp program. The exact schedule will be provided to me at the beginning of the camp session. If I do not wish my child to attend the field trip, I understand that I will make other arrangements for my child on that day.