WEST HARTFORD LEISURE SERVICES REGISTRATION FORM

Rev.10/09

Please complete separate form for each participant

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 #_____

PARTICIPANT'S LAST NAME _____ **First Name**_____

Birth Date_____ Age _____ Male ____ Female ____ Entering Grade _____ (*if applicable*)

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

SPECIAL CONCERNS: List any special needs or health related issues or concerns of participant:_____

_____

PROGRAM #	TITLE	DATES	TIME	FEE
PAYMENT TYPE: Cash____ *(in person only)* **Check #** _____ *(payable to "Town of West Hartford")*			**TOTAL**	

__VISA __Master Card _____ **Expiration Date:** ___ ___
Month Year

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 of Parent or Guardian:_____ **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.

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe_____

_____

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.

For Afternoon Adventures Only:

_____ My child will need busing to Kennedy Park from King Philip School. (Busing to Kennedy Park is from King Philip School only.)

_____ I will bring my child to Kennedy Park myself.

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