

PRINT PARTICIPANTS' NAME

WESTMOOR PARK CAMPS

REGISTRATION & HEALTH WAIVER FORM

119 Flagg Road, West Hartford, CT 06117

Phone 860-561-8260, fax 236-3815

westmoorpark@westhartford.org

PARENT/Secondary Guardian & emergency contact *(Please Print)*

PARENT/Primary Guardian & emergency contact *(Please Print)*

FULL Name _____

FULL Name _____

Street _____

Street _____

Town _____

Town _____

State _____ Zip _____ Home # _____

State _____ Zip _____ Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Household E-mail _____

Household E-mail _____

Additional Emergency Contact _____ Relationship _____

Emergency Phone # Home _____ Work # _____ Cell # _____

Participant *(Please Print)* Full Name _____

Birth Date _____ Age _____ M _____ F _____ Current grade _____ Entering grade _____

PROGRAM #	TITLE	DAY(S)	TIME	BEGINS	ENDS	FEE
TOTAL						

Has participant been prescribed an epi-pen? No ___ * Yes___ Explain: _____

***If YES,** and the epi-pen will be with the child, an additional form is required to be signed by the parent and the prescribing physician.

List any allergies, health or behavioral issues, disabilities, physical limitations, special needs, etc of participant: _____

List any medications: _____

Family Doctor's Name: _____ Doctor's Phone: _____

For "CAMP" programs; Please read each statement 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 and Address: _____

_____ 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 need to make other arrangements for my child on that day.

I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which 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 my child may suffer while participating in this West Hartford Leisure Services Program.

PAYMENT TYPE: Cash (in person only) _____ Check (payable to "Westmoor Park") Check # _____

Visa Master Card Credit card number --- Expiration Date: /

Signature _____ Date _____