

**Windsor Recreation Department
Summer Fun Camp 2019 Registration Form**

Camper's Name (Last Name, First Name)	School Attended in 2019 and grade completed:
Date of Birth: _____ Male _____ Female Age: _____	Parent / Guardian Email address:
Address	Home Phone Cell Phone
1. Parent/ Guardian Name	2. Parent/ Guardian Name
1. Parent/ Guardian Numbers * please circle best number to reach you during camp hours Home Number: Cell Phone Number: Work Number:	2. Parent/ Guardian Numbers * please circle best number to reach you during camp hours Home Number: Cell Phone Number: Work Number:

Please Select Camp Weeks for either Regular Camp or H2O Camp below and include if you want AM and PM Extended Care

Camp Weeks Regular Day Camp	Regular Camp Day 9:00 – 4:00 \$135	AM Extended 7:30 – 9:00 \$25 / \$45 both AM PM	PM Extended 4:00 – 5:30 \$25 / \$45 both AM PM
Week 1 June 24 – June 28			
Week 2 July 1 - July 5 No camp on July 4th			
Week 3 July 8 – July 12			
Week 4 July 15 – July 19			
Week 5 July 22– July 26			
Week 6 July 29 – Aug 2			
Week 7 Aug 5 – Aug 9			

Summer Fun H2O Camp: Includes Swim lessons and Summer Camp *only for Summer Fun Camp not PLUS	H2O Camp \$290 Regular day	AM Extended 7:30 – 9:00 \$45 per session	PM Extended 4:00 – 5:30 included
Session 1: July 1 – July 12			
Session 2: July 15 – July 26			
Session 3 July 29 – Aug 9			

Summer Fun H2O Option Only:

Swim Level _____

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.

Make Checks Payable to Town of Windsor

Signature: _____

Date: _____

**Windsor Recreation Department
Summer Fun Camp 2019 Emergency Form**

Camper Registration Information – Camper’s Name:

Emergency Contact – Person other than Parent/ Guardian

Name: _____ **Relationship:** _____ **Phone Number:** _____

Address: _____

People authorized to pick your child up from Summer Fun Camp other than yourself

Last Name	First Name	Relationship	Phone # ()

Medical Information

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. Does your child require an inhaler for asthma?

Camper’s Physician Name:	Phone # ()
Camper’s Dentist Name:	Phone # ()

Please list and briefly explain the following:

Chronic or Serious Illness:

Allergies:

Current Medications:

Has your child ever been stung (if yes please explain if they had a reaction):
Is your child allergic to bees: Yes or No

Prior Injuries:

Notes: * anything else the Recreation Supervisor needs to know about your child?

Swim Ability:

**PLEASE ATTACH RECENT
PHOTO WALLET SIZE
OF CAMPER**

ADA
American Disabilities Act
Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Department upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.