

WEST HARTFORD LEISURE SERVICES
SAFETY AND EMERGENCY CONTACT INFORMATION FORM
TO COMPLETE THE ENROLLMENT PROCESS FOR YOUR CHILD,
YOU MUST COMPLETE, SIGN AND RETURN THIS FORM BEFORE THE CLASS BEGINS
Your child will not be allowed to attend without a completed form.

Program Name _____ Program # _____

PARTICIPANT'S Name _____

Birth Date: _____ Age: _____ Male: _____ Female: _____ Entering Grade: _____

Address _____

Parent/ Guardian's Name _____

Home Phone _____ Work _____ Cell _____

Family Email address (Please print clearly) _____

.....
Emergency Contact (Person to call if unable to contact parent/guardian):

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

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

List Medications _____

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

Family Doctor's Name _____ Doctor's Phone Number _____

.....
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.

_____ 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.

_____ **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 understand that this document may be transmitted to the Town and/or retained in electronic form. By executing this document I acknowledge and agree that a copy hereof shall be afforded full legal effect as if it was the original.

Signature of Parent or Guardian _____ **Date** _____

Complete Form and send to appropriate facility:

Customer Service Town Hall
Elmwood Community Center
Veterans Skating Rink
Westmoor Park

Email: Leisureservices@WestHartfordCT.gov	fax 860-561-7519
Email: Ecc@WestHartfordCT.gov	fax 860-561-8161
Email: vmsr@WestHartfordCT.gov	fax 860-561-8291
Email: WestmoorPark@WestHartfordCT.gov	fax 860-236-3815