

**WEST HARTFORD LEISURE SERVICES REGISTRATION FORM**

**Please complete a separate form for each participant (10% processing fee deducted from all refunds)**

<b>PARTICIPANT'S LAST NAME</b> _____		<b>First Name</b> _____	
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

<b>PAYMENT TYPE:</b> Cash _____ (in person only) Check # _____ (payable to "Town of West Hartford")		Scholarship Donation # 992001A	
		<b>TOTAL</b>	<b>\$</b>

\_\_\_ VISA \_\_\_ Master Card

Expiration Date: \_\_\_\_\_  
Month Year

Name on Card \_\_\_\_\_ CVV # (3 digit #) \_\_\_\_\_

Billing Address (if different than home) \_\_\_\_\_

**Household Information (Please print):**

Your Name or Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email

<b>Emergency Contact (other than parent above)</b> _____	
Relationship _____	Phone # _____

<b>Additional Emergency Contact (optional) (other than parent)</b> _____	
Relationship _____	Phone # _____

**WAIVER**

I realize that, as with any physical activity, there is a possible risk of accidental injury to myself and/or my child while participating in this West Hartford Leisure Services program. I agree to assume the risk of an injury, as well as all medical expenses incurred, for which my child and/or myself might suffer while involved in the West Hartford Leisure Services program. I agree to hold harmless the Town of West Hartford, its officials, employees, agents, and instructors from any liability for any and all claims which might incur while my child and/or myself might incur while participating in the West Hartford Leisure Services program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAMP EMERGENCY INFORMATION**

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

Will your child carry an Epi-pen while at the program? Yes \_\_\_ (if yes, complete the Epi-pen Form Program online) or No \_\_\_

Does your child have any known allergies or have any known illnesses or limitations? \_\_\_\_\_

List Medications that will be or may be taken while in the program, including inhalers: \_\_\_\_\_

**Please read below & if you understand & agree the statement write your initials in the space next to the paragraph..**

\_\_\_\_\_ **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.