WEST HARTFORD LEISURE SERVICES REGISTRATION FORM

Please complete a separate form for each participant

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

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
			Scholarship Donation Program # 992001	
			TOTAL	$ $ 0.00

PAYMENT TYPE: Cash____ *(in person only)* **Check #**_____ (*payable to "Town of West Hartford"*)

____**VISA** ____**Master Card** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date:** _____ _____
Month *Year*

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 #_____

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 _____ ***Date***_____

SAFETY AND EMERGENCY CONTACT INFORMATION

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

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

Please list and describe your child's known allergies, known illnesses, physical limitations, special needs, etc.:_____

_____

List Medications _____

Family Doctor's Name_____ **Doctor's Phone Number**_____

Please read below & if you understand & 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 ambulance, I give my permission for such transportation & agree to assume all expenses incurred by 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.

Complete form and send to appropriate facility:

Customer Service Town Hall	50 South Main Street, West Hartford 06107	860-561-7510	fax 860-561-7519
Elmwood Community Center	1106 New Britain Avenue, West Hartford 06110	860-561-8160	fax 860-561-8161
Veterans Skating Rink	56 Buena Vista Road, West Hartford 06107	860-521-1573	fax 860-521-1573
Westmoor Park	119 Flagg Road, West Hartford 06117	860-561-8260	fax 860-236-3815

Or register on-line at www.westhartford.org/leisureservices