



Wallingford's 2015 Summer Recreation Program

REGISTRATION FORM

Please mail form to: Wallingford Town Hall
75 School Street
Wallingford, VT 05773

Child's Name:

Grade: _____

Birth Date: _____

Please circle weeks attending:

June 22-26 June 29-July 3 July 27- July 31 August 3-7 August 10-14

Approximate Time for drop off _____ **pick up** _____

Person who will be regularly picking up child _____

Others approved to pick up child: _____

1st Parent/Guardian's Name: _____

2nd Parent/Guardian's Name: _____

Address: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

Parent/Guardian's email: _____

Emergency Contact Name: _____

Emergency Contact Phone #1: _____

Emergency Contact Phone #2: _____

Emergency Contact email: _____

Please list any important health information that would help us better protect and serve your child. (For example--food or other allergies; medications):

Is your child covered under health insurance? Yes No

Parents/Guardians:

I accept the risk associated with participation and agree to hold harmless the Town of Wallingford, its employees and volunteers, for any claim resulting out of injury. I agree to provide sufficient medical insurance as protection and acknowledge that the town of Wallingford does not provide such coverage. I authorize medical procedures to be performed in my absence when deemed necessary by a representative of the Town Recreation program or by a physician.

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____

Thank You! 😊