



Wallingford's 2014 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 23-27   June 30-July 3(4 days)   July 28-August 1   August 4-8   August 11-15

**Approximate Time for drop off** \_\_\_\_\_ **pick up** \_\_\_\_\_

**Person who will be regularly picking up child** \_\_\_\_\_

**Others approved to pick up child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**1<sup>st</sup> Parent/Guardian's Name:** \_\_\_\_\_

**2<sup>nd</sup> 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! 😊