

**Wallingford's 2019 Summer Recreation Program**

**REGISTRATION FORM**

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

Child's Name: \_\_\_\_\_

Grade Entering in the Fall: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Please circle weeks attending:

June 24-28    July 29-Aug 2    August 5-9    August 12-16

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

Person(s) who will be regularly picking up  
child \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

2<sup>nd</sup> Parent/Gaurdian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town of Residence: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Please read and fill out carefully. If a parent needs to be contacted during camp, this is the "go to" page for staff.**

**First Contact:** \_\_\_\_\_ **at** \_\_\_\_\_  
**parent/guardian name phone # and if it is work/home/cell**

**If the first contact number cannot be reached, then try** \_\_\_\_\_  
**at** \_\_\_\_\_.

**If neither of the above can be reached, please provide Emergency Contacts.**

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #1:** \_\_\_\_\_

**Emergency Contact Phone #2:** \_\_\_\_\_

**Please list any important health information that would help us to keep your child safe and happy during camp. (For example--food or environmental allergies, medications):**

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**Is your child covered under health insurance?      Yes      No**

**Does your child have any other needs that would require extra support to be successful at camp? Please explain.**

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**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. There will be no lifeguards at Elfin Lake this summer. Summer recreation program staff will have lifeguard certification.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I have read and agreed to camp guidelines. Check here \_\_\_\_\_.

Wallingford Summer Recreation Program requires a \$20 per family Registration Fee before May 23 or a \$25 per family registration fee after May 23 plus \$20 per week/per child deposit.

(Camp costs \$60/week for residents and \$65/week for non-residents with discounts for siblings).

Cash Total \_\_\_\_\_ or Check Total and Check Number \_\_\_\_\_  
for camp weeks:

June 24-28    July 29-Aug 2    August 5-9    August 12-16

Thank You! 😊