

Wallingford's 2023 Summer Recreation Program

REGISTRATION FORM

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

Child's Name: _____

Grade Completed this year: _____ **Birth Date:** _____

Please circle weeks attending:

June 26-June 30 July 3- 7 (no camp on 4th) August 7- 11 August 14-18

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

**Person(s) who will be regularly picking up
child** _____

Others approved to pick up child: _____

1st Parent/Guardian's Name: _____

Address: _____

Town of Residence: _____

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

Cell Phone #: _____

Parent/Guardian's email: _____

2nd Parent/Guardian'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):

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 _____

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. My child will not attend if sick, has COVID-19 or was exposed to someone with COVID-19.

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____

I have read and agreed to camp guidelines. Check here _____.

Wallingford Summer Recreation Program requires a non-refundable \$20 per family Registration Fee before May 30 or a non-refundable \$25 per family registration fee after May 30 plus non-refundable \$20 per week/per child deposit.

Camp costs \$80/week for residents and \$85/week for non-residents with discounts for siblings.

Cash Total _____ or Check Total and Check Number _____ for camp weeks:

June 26-June 30

July 3- 7 (No camp on 4th)

August 7- 11

August 14-18