

Wallingford's 2026 Summer Recreation Program 8:00-4:00

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 - June - August - August -

Camp Hours 8:00-4:00 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: _____ **(H) Phone #:** _____

Work Phone #: _____ **Cell Phone #:** _____

Parent/Guardian's email: _____

2nd Parent/Guardian's Name: _____

Address: _____

Town of Residence: _____ **(H) Phone#** _____

Work Phone #: _____ **Cell Phone #:** _____

Parent/Guardian's email: _____

Photo Release-Please be advised that your child(ren)/ward(s) may be photographed or recorded during various camp and camp sponsored activities. We may use these photos in our town publications and on the town website. Please check yes, if you give permission, and no, if you do not give permission.

Yes____, **I give permission.** **No**____, **I do not give permission.**

Child(ren)/ward(s): _____

General Field Trip Permission Form for Wallingford Summer Program (WSP):

I give permission for my child(ren)/ward(s) to participate in and attend all Camp sponsored events during the 2026 season.

I hereby give my complete and explicit permission for the child(ren) on this form to attend all events and field trips. I understand that WSP will not be held liable for any bodily injury incurred during any field trip, event or other WSP activity and hereby indemnify and relieve them of any such liability. I authorize WSP staff to take any reasonable action designed to help ensure the safety, health, and welfare of my child(ren)/ward(s) and absolve the staff of any liability relating to such actions.

Initial _____

Medical Authorization Form for Wallingford Summer Program (WSP):

I hereby authorize the staff of WSP to take any reasonable action to obtain emergency medical care for the identified child(ren), and absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my child(ren)/ward(s)' health when I cannot be easily contacted.

Parent/Guardian Signature _____

I understand and agree that I may revoke this general Field Trip Permission and Medical Authorization at any time by delivering a written revocation to the Wallingford Summer Program Director.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature: _____ Date: _____

Relationship to child: _____

Sunscreen/ Insect Repellent

We do not provide either of these. Please have your child bring some, labeled with their name. They are responsible for applying their own. They will be reminded to put it on, and pulled from the water every couple hours to reapply.

First Aid Cream, Spray or Ointment

We do have some that we will use, when necessary. If your child needs a special brand, please supply, with their name.

*****Behavior Guidelines and Discipline Procedures*****

Wallingford Camp expects a safe, friendly, inclusive environment.

*Be kind, respectful, and safe to staff, other campers, other patrons of the lake, and to the environment. We take up a lot of space at the lake. Keep your stuff together and when possible in your backpack.

*Keep our area clean. Make sure your trash gets to the garbage can. If it gets blown on the ground, it is still yours. Take care of it. Support your friends.

*Keep your hands to yourself.

*Stay with the group. You should always be able to be seen by the director or a camp counselor.

*Appropriate language should be used.

*An issue that cannot be easily resolved between campers, should be brought to the staff, so we can assist you in solving the problem.

*****When respect or safety rules are broken*****

Staff will redirect the camper(s). Time aside may be used for de-escalation. The situation will be discussed. The staff will document the incident, if necessary. It may be brought to the parents attention. A second offense will result in the same as above, but will include a written warning. A third offense may result in loss of privilege to attend the program.

I _____ (camper) have read and agree to the Wallingford Camp Guidelines.

Signature of camper _____

Signature of Parent/Guardian _____

******Emergency Contact Page******

Child's Name:

Please 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 _____

*****Payment Information*****

Wallingford Summer Recreation Program requires a non-refundable \$20 per family Registration Fee before May 28, 2026 or a non-refundable \$25 per family registration fee after May 28, 2026 **PLUS** non-refundable full payments per week/per child. *Example, a family with one non-resident child attending two weeks of camp – before May 28 you owe the \$20 registration fee and \$190 for two weeks totaling \$210 at registration....after May 28 you owe \$215. Non-refundable full payment per child/per week along with non-refundable registration fee is due upon registration.*

Camp costs \$80/week for residents and \$95/week for non-residents with discounts for siblings.

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

June - June - August - August -