WILBRAHAM PARKS & RECREATION DEPARTMENT

2019 SPEC DAY CAMP REGISTRATION FORM

(Please print very clearly)

CAMPER NAME:_____ **D.O.B.**_____ **AGE:**_____ **GR:**_____ (FALL 19)

ADDRESS:_____ **HOME PHONE:** _____
(STREET, CITY, ZIP)

PARENT NAME: _____ **CELL#** _____

PARENT NAME: _____ **CELL#** _____

EMAIL ADDRESS #1:_____ **EMAIL ADDRESS #2:** _____

► ALL HEALTH FORMS REQUIRED BY JUNE 14 ◄

NOTE: SPACE PER SESSION IS LIMITED / MUST BE AGE 5 AS BY THE WEEK THEY ATTEND CAMP, AND UNDER 14 AS OF 8/16/19

↓ **BELOW PLEASE INSERT APPROPRIATE FEE:** **RESIDENT PER WEEK** **$135.00/SESSION** **NON-RESIDENT PER WEEK** (Includes field trip) **$160.00/SESSION**

√ **PLEASE CHECK SESSIONS YOU ARE REGISTERING FOR** ***Extended Hours Available: Morning 7:30AM-9:00AM / Afternoon 3:30PM—5:00PM**

SESSION 1:_____ (July 8 – 12)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	
SESSION 2:_____ (July 15 – 19)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	
SESSION 3:_____ (July 22 – 26)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	
SESSION 4:_____ (July 29 – Aug)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	
SESSION 5:_____ (August 5-9)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	
SESSION 6:_____ (August 12-16)	**WEEK FEE**_____ $135/$160	+	**EXTENDED HOURS** _____ AM $35	+	_____ PM $35	=	**TOTAL**_____	

TOTAL AMOUNT DUE:_____

WEEKLY THEMES & FIELD TRIPS

Session 1:	**Kickoff Madness**	**Central Rock Gym** (ages 9-13)**/Children's Museum** (ages 5-8)
Session 2	**It's a Shore Thing**	**Sonny's Place**
Session 3:	**Superhero Squads**	**Interskate 91**
Session 4:	**Water World**	**Bousquet in the Berkshires**
Session 5:	**Color Clash**	**Bounce! Trampoline**
Session 6	**Greatest Hits**	**Eastfield Cinemas**

_____**Pay in Full** _____ **50% Deposit** **(remaining 50% due by Friday, June 7)**

BALANCE OWED $_____ **DATE:**_____ **TOTAL PAID:** _____ **CHECK #**_____ **CREDIT CARD**_____

Make checks payable to: The Town of Wilbraham

WILBRAHAM PARKS & RECREATION DEPARTMENT

SPEC DAY CAMP PARENT INFORMATION FORM

All forms MUST BE RETURNED TO THE WPRD no later than seven days prior to the camper's first day.

Please complete this form and return it (along with the health forms) to the Wilbraham Parks & Recreation Department, 45C Post Office Park, Wilbraham, MA 01095. This information will be used only in the interest of your child and will help us make his/her experience positive. This information will be shared with the Camp staff only.

►Please circle the session(s) your child is registered for: 1 2 3 4 5 6 ◄

Participant's Name: _____ Nickname?_____ DOB.: _____ AGE: _____

Grade entering in the fall: _____ Any siblings in the program? YES / NO

Names/Ages:_____

List names of any other people you will allow to release your child/children to:
(child will not be released to anyone but the registered parent unless his/her name appears here)

_____

_____

Is there another camper your child might like to be paired with in a team sport? _____

Is there any activity that you particularly desire your youngster to participate in? _____

Is there any activity in which your child should **not** participate in? _____

Is there anything the staff should know to make your child's adjustment to the program easier?

_____

Any additional information that we need to be aware of: _____

_____

Information provided by: _____ Date: _____

Relation to child: _____

PARENT INFORMATION REQUIRED:

PARENT/GUARDIAN:_____ **RELATION TO CHILD:**_____

STREET/TOWN/ZIP:_____

PHONE:_____ **WORK PHONE:**_____ **CELL PHONE:**_____

PARENT/GUARDIAN:_____ **RELATION TO CHILD:**_____

STREET/TOWN/ZIP:_____

PHONE:_____ **WORK PHONE:**_____ **CELL PHONE:**_____

EMERGENCY CONTACTS REQUIRED: IF NO PARENT/GUARDIAN IS AVAILABLE IN AN EMERGENCY, NOTIFY: (list two options)

NAME:_____ **RELATIONSHIP:**_____

PHONE #:_____ **CELL PHONE #:**_____

NAME: _____ **RELATIONSHIP:**_____

PHONE #:_____ **CELL PHONE #:**_____

2019 SPEC POND DAY CAMP REGISTRATION FORM

PLEASE READ THE FOLLOWING CAREFULLY:

Waiver: I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the Town of Wilbraham. I agree not to sue and also agree to forever release the Town of Wilbraham, and the H.W. School District their servants, officers, officials, employees, agents and ("the releasees") assisting or participating in voluntary recreational programs of the Town of Wilbraham from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I also promise, to indemnify, defend, and hold harmless the releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Town of Wilbraham's athletic recreational programs with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Wilbraham recreational programs.

Registration may be done in person at the WPRD , by mail–in or online at www.WilbrahamRec.com.

- Payment must be made at time of registration.
- We accept check or debit/charge. **No cash.**
- Medical forms and other pertinent information will be available at the time of registration and is due back by June 14.

  For all health forms, Doctor's office printouts are accepted.
- Payment plans are available upon request.50% due for each week. Full payment is due by June 9 or deposit is forfeited.

Refunds: Once you have registered your child in the Spec Day Camp, a refund may be issued only under the following conditions:

Refunds requested prior to 4:00pm, Friday, May 17 are subject to an administrative charge equal to 10% of the full program fee. No refunds will be given after Friday, May 17. Parents assume the risk of changes in personal affairs or health issues.

This policy is strictly enforced to allow completion of camp preparations; staff hiring, camper groupings, supply purchasing, etc.. Your understanding and cooperation is greatly appreciated.

- **No refunds will be given in the case of behavior suspension.**
- **Once you have registered, a session date may be switched only if space is available.**
- **There will be $10.00 administration charge for each switch being accommodated.**

Release: For promotional purposes photos/videos may be taken of my child and put on the WPRD /other websites or in printed material. I understand it is my responsibility to notify the WPRD in writing prior to the start of the program as well as coach and photographer if my child is **not** to be photographed.

☐ **I have read, understand and agree to the above information**

☐ **I have acquired the parent information packet**

_____ _____

(Signature of Parent/Guardian Required) Date