



# 2026 SPEC DAY CAMP REGISTRATION FORM

(Please print very clearly)

CAMPER NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_ GR: \_\_\_\_\_  
(FALL 2025)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(STREET, CITY, ZIP)

PARENT NAME: \_\_\_\_\_ CELL# \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ CELL# \_\_\_\_\_

EMAIL ADDRESS #1: \_\_\_\_\_ EMAIL ADDRESS #2: \_\_\_\_\_

## ▶ ALL HEALTH FORMS REQUIRED AT REGISTRATION ◀

NOTE: SPACE PER SESSION IS LIMITED / MUST BE AGE 5 AS BY THE WEEK THEY ATTEND CAMP, AND UNDER 14 AS OF 8/15/25

√ PLEASE CHECK SESSIONS YOU ARE REGISTERING FOR

\*Extended Hours Available: Morning 7:30AM-9:00AM / Afternoon 3:30PM—5:00PM

SESSION 1: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(JULY 7-11) \$175/\$200 AM \$35 PM \$35

SESSION 2: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(JULY 14-18) \$175/\$200 AM \$35 PM \$35

SESSION 3: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(JULY 21-25) \$175/\$200 AM \$35 PM \$35

SESSION 4: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(JULY 28-AUG 1) \$175/\$200 AM \$35 PM \$35

SESSION 5: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(AUG 4-8) \$175/\$200 AM \$35 PM \$35

SESSION 6: \_\_\_\_\_ WEEK FEE: \_\_\_\_\_ + EXTENDED HOURS \_\_\_\_\_ + \_\_\_\_\_ = TOTAL \_\_\_\_\_  
(AUG 11-15) \$175/\$200 AM \$35 PM \$35

TOTAL AMOUNT DUE = \_\_\_\_\_

### WEEKLY THEMES & FIELD TRIPS (More details to follow and subject to change)

Session 1: July 6-10 Aloha Summer (Field Trip to Interskate 91)  
Session 2: July 13-17 Shark Tank Week (Field Trip to Shaker Bowl)  
Session 3: July 20-24 Wilderness Adventure Week (Field Trip to Look Park)  
Session 4: July 27-July 31 Escape the Day (Field Trip to FunZ)  
Session 5: August 3-7 Olympic Games Week (Field Trip to Children's Museum ages 5-9, and Movement Terrain ages 10-13)  
Session 6: August 10-14 Water Palooza (Inflatables and Slides at Spec)

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\_\_\_\_\_ Pay in Full \_\_\_\_\_ 50% Deposit (remaining 50% due by Friday, June 6)

BALANCE OWED \$ \_\_\_\_\_ DATE: \_\_\_\_\_ TOTAL PAID: \_\_\_\_\_ CHECK # \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

Make checks payable to: Town of Wilbraham

**SPEC DAY CAMP PARENT INFORMATION FORM**  
All forms **MUST BE RETURNED TO THE WPRD** when registering.

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:**

(PLEASE PRINT CLEARLY – your child will not be released to anyone but the registered parent unless his/her name appears here)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

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 #: \_\_\_\_\_

# 2026 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.

Parents may request copies of a background check, health care, and discipline policies as well as procedures for filing grievances.

### Registration

- In person at Memorial School on March 5, 2025 for residents, in WPRD Office after 3/5 until filled
- 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 prior to registration and handed in with registration/payment  
**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 6 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 9th will be offered a full refund minus a \$5 administrative fee. No refunds will be given after Friday, May 9th. 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.**

**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 received the Spec Day Camp Parent Pack**

\_\_\_\_\_  
 (Signature of Parent/Guardian Required)

\_\_\_\_\_  
 Date

### Medical Emergency Release Statement

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ born \_\_\_\_/\_\_\_\_/\_\_\_\_ do hereby consent to any medical care by a physician to be necessary for the welfare of my child while said child is under the care of the Wilbraham Parks and Recreation Department staff and I am not reasonably available by telephone to give consent.

- ☐ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while in the care of the WPRD.

\_\_\_\_\_  
 (Signature of Parent/Guardian Required)

\_\_\_\_\_  
 Date