

Windsor Locks Park and Recreation
Youth Program Registration

| |
|-----------------------------|
| Date _____ |
| Payment: cash / ch _____ |
| amt _____ |

Please complete a separate form for each participant.
This form is not used for Soccer, Basketball, After School Program, or Day Camp registration.

Child's Name _____

Address _____

Age _____ Grade _____ D.O.B. _____ Male / Female

Parent/Guardian Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Gymnastics Funtime Playtime Swimming Lessons Martial Arts Other _____

Start Date _____ Program Day _____ Fee _____ Cash / Check Number _____

Please make checks payable to Windsor Locks Park and Recreation.

Health and Information

Does your child have any known allergies or have any known illnesses or physical limitations? Please describe:

Doctor's Name _____ Phone _____

Hospital of Choice _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In the event of a minor incident or injury, I authorize the WLPR staff to administer first aid. In the event of a more serious accidental injury, I authorize WLPR staff to administer CPR, contact emergency personnel and/or accompany my child to the hospital listed above.

I also authorize all medical, diagnostic and hospital procedures, which may be performed or prescribed for my child by a licensed physician, when efforts to contact me are unsuccessful and when deemed immediately advisable by the physician to safeguard my child's health.

I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency transportation and/or emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

I understand that Windsor Locks Park and Recreation is not responsible for personal injuries, damages or losses which might occur. As when involved in any sport activity or program, I understand there are certain inherent risks involved. My signature on this form indicates recognition of risks involved, and consent for participation and agreement to assume all risk of any injury, damage or loss.

X _____
Parent signature

Date