

Junior Summer Adventure Program 2024

Child's Name: _____ D.O.B. _____ Age: _____

Address: _____

Please list numbers where you can be reached during camp hours:

Primary Contact Parent/Guardian: _____ Phone: _____

Secondary Contact Parent/Guardian: _____ Phone: _____

Additional person(s) approved for pick-up: _____ Phone: _____

(ID will be required) _____ Phone: _____

Is this your child's first group experience without a parent/caregiver? _____

Please share any favorite activities and interests, dislikes, fears, special needs, etc. that would help us provide a fun and positive Junior Summer Adventure experience.: _____

Program Name: ___ Summer Fun (3.0+) ___ Safari (4.0+) ___ Sunshine (5.0+) (age must be met by 6/1/24)

Session: (Please check all that apply)

___ Week 1: July 1-3	Star Spangled Summer	___ Early Drop-off	___ Extended Day
___ Week 2: July 8-12	Animal Adventures	___ Early Drop-off	___ Extended Day
___ Week 3: July 15-19	Bees Bugs & Butterflies	___ Early Drop-off	___ Extended Day
___ Week 4: July 22-26	Down on the Farm	___ Early Drop-off	___ Extended Day
___ Week 5: July 29- Aug 2	Under the Big Top!	___ Early Drop-off	___ Extended Day
___ Week 6: Aug 5-9	Olympic Adventures	___ Early Drop-off	___ Extended Day

Acknowledgement and Release:

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Town of Winchester and its representatives, the Recreation Department, its officers and employees for any and all injuries suffered by myself or my child at these activities. I acknowledge that these activities have some risk of physical injury, which I am willing to assume. I consider my child to be in appropriate physical condition to participate in these activities.

In an emergency, I hereby grant permission to the attending physician and staff in charge of above named for anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable. I understand that in an emergency, whenever possible, all attempts will be made to communicate with me prior to use of this permission.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian name: _____ **Phone #** _____

(please print)

Physician/Healthcare provider: _____

Address: _____ **Phone#** _____

Health Insurance Provider: _____ **Policy #** _____

Emergency Contact: _____ **Phone:** _____

Please indicate any allergies*, medications, or medical concerns: _____

**Important: if your child has a medical condition/asthma/allergy that requires an epipen or inhaler, you must submit an Individual Health Care Plan prior to attending. Please contact the director for more information.*

***A current list of immunizations is required for attendance.**