

VERNON PARKS AND RECREATION PROGRAM REGISTRATION FORM

Completed forms with full payment included may be mailed or delivered to:

Vernon Parks and Recreation
Lottie Fisk Building (2nd Floor)
120 South Street
Vernon, CT 06066

Phone: (860) 870-3520 Fax: (860) 870-3525

Family Name: _____

Primary Household Member's Information

Secondary Household Member's Information (include address if different)

NAME:	NAME:
ADDRESS:	ADDRESS:
TOWN:	TOWN:
PHONE: (Home) (Cell)	PHONE: (Home) (Cell)
EMAIL ADDRESS:	EMAIL ADDRESS:

PEOPLE AUTHORIZED TO PICK UP YOUR CHILD (other than parent/guardian. Ex: grandparents, neighbor, etc.)

1)Name:	Address:	Phone:	Relation:
2)Name:	Address:	Phone:	Relation:

Participant's Name	Male/Female	D.O.B.	Grade	Program Name	Sessions	Dates	Fee
1)							
2)							
3)							
4)							
5)							

HOW TO REGISTER

Fill in the above information, any questions refer to following instructions! Family Name: This is the contact name that your family information and program history will be stored in on our computer system. Primary and Secondary Household Member's Information: The contact individuals for the household and for participants. Emergency Contact: Someone outside of your household that we can contact in the case that we cannot contact the Primary and Secondary Household members. Grade: The Grade your child is currently or just completed during the summer months. Program Name, Session, and Dates: Helps to clarify the exact program that you are enrolling into.

SUMMER CAMP ADDITIONAL INFORMATION

- Please circle your child/ren's swim level by depth!

Child One	No Swim	3 Feet	5 Feet	10 Feet	12 Feet
Child Two	No Swim	3 Feet	5 Feet	10 Feet	12 Feet
Child Three	No Swim	3 Feet	5 Feet	10 Feet	12 Feet
- Bus transportation is for **Newhoca Campers ONLY**. Would you like to use the Valley Falls Bus Stop?

YES	NO
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- Does your child have permission to walk or ride their bike home from camp?

YES	NO
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Send-A-Kid To Camp \$70.00	
Donation to Fireworks	
Does the participants above have any special needs or medical concerns that we should be aware of? (Yes or No)	
TOTAL FEE	

The undersigned parent, guardian, or participant does grant permission to the named individual/s to participate in the Vernon Parks and Recreation Department above named program/s. The undersigned does hereby waive, absolve, indemnify, and agree to hold harmless the Town of Vernon Parks and Recreation Department, the Vernon Board of Education, and all other sponsors and supervisors of the above said program/s. As a parent or guardian of the above said participant/s, I realize there are inherent risks involved in physical activity. Pictures taken of my child may be used for publicity by the Vernon Parks and Recreation Department.

Signature of Parent/Guardian or Participant

Date

NAME:	
ADDRESS:	
TOWN:	
PHONE: (Home)	(Cell)
EMAIL ADDRESS:	

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Donation to Fireworks	
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TOTAL FEE	