



**West Springfield Park & Recreation Department  
PARTICIPANT PROFILE REGISTRATION FORM ~ 2024**



**Proof of Age/Residency Required for First Time Participants**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Entering in Sept 2024: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact Phone #: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Identifying Marks or Moles: \_\_\_\_\_ T-Shirt Size: **Youth:** \_\_\_YS\_\_\_YM\_\_\_YL **Adult:** \_\_\_S\_\_\_M\_\_\_L\_\_\_XL\_\_\_XXL

**IF POSSIBLE**, I request my child to be placed in same group as (**APPLIES TO CENTRUM ONLY**): \_\_\_\_\_

**PARENTS/GUARDIANS**

**#1** Parent/Guardian Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

**#2** Parent/Guardian Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION**

**Two People to Contact if Parent(s)/Guardian(s) Cannot be Reached ~ Note: These *must* be local contacts and it must be someone other than the parent(s) or guardian(s).**

**#1** Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Emergency Contact #1 Relationship to Participant: \_\_\_\_\_

**#2** Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Emergency Contact #2 Relationship to Participant: \_\_\_\_\_

- Person(s) Authorized to Pick Up Child (Please include first and last names): \_\_\_\_\_
- **Person(s) NOT Authorized to Pick Up Child\***: \*(certified copies of court order must be provided) \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies \_\_\_\_\_ Yes \_\_\_\_\_ No Any unusual fears \_\_\_\_\_ Yes \_\_\_\_\_ No Withdrawn/Shy \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Seizures \_\_\_\_\_ Yes \_\_\_\_\_ No Easily Upset \_\_\_\_\_ Yes \_\_\_\_\_ No Hyperactive \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Chronic conditions/illnesses \_\_\_\_\_ Yes \_\_\_\_\_ No Physically Aggressive \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Physical limitations/restrictions \_\_\_\_\_ Yes \_\_\_\_\_ No Dietary Restrictions \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Other \_\_\_\_\_ Yes \_\_\_\_\_ No Explain any "Yes" answers: \_\_\_\_\_

Special Instructions and/or information that an instructor needs to be aware of: \_\_\_\_\_

**MEDICATIONS:** (Please list all medications)

Name of Medication	Dosage	Reason	Medication taken <b>WHILE</b> at Camp?
			_____ YES _____ NO
			_____ YES _____ NO
			_____ YES _____ NO

Child's Physician: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
**TREATMENT CONSENT:** I give permission for any emergency treatment, hospitalization, or surgery deemed necessary on my child, including the administration of anesthesia or injection:

**◆ IMMUNIZATIONS: Complete Record MUST be attached in order to attend any program!** \_\_\_\_\_ **RECORDS ATTACHED**  
 (For each child enrolled, programs must maintain on file a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current DPH's recommended schedules.)

**PLEASE TURN OVER**

**West Springfield Park & Recreation Department**  
**PARTICIPANT PROFILE REGISTRATION FORM ~ 2024**



Child's Name: \_\_\_\_\_

◆ **SWIMMING ABILITY:** (Applies to: Tiny Tots/Centrum/S.T.E.P. ONLY:) \_\_\_\_\_ **NOT ALLOWED** – prohibited from swimming while at camp, SPLASH PAD ONLY  
 \_\_\_\_\_ **Non-Swimmer** – cannot swim in water above the shoulders; \_\_\_\_\_ **Intermediate** – cannot swim in the deep end; \_\_\_\_\_ **Swimmer** – can access entire pool  
*Tiny Tots/Centrum/S.T.E.P.: For the safety of your child, a swim test will be given by lifeguard staff the first day of a camp session to determine your child's swimming ability and the designated location issued by lifeguard will remain the same for duration of any upcoming weeks.*

◆ **MEDIA CONSENT:** I hereby give my permission without restriction to the Town of West Springfield and its assignees to photograph or videotape my child during participation in Summer Programs/Activities. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for Town Programs/Activities. \_\_\_\_\_ **Parent/Guardian Initials** \_\_\_\_\_ **Yes** \_\_\_\_\_ **NO**

◆ **SUNSCREEN CONSENT:** I hereby give my permission without restriction to the Town of West Springfield and its assignees to assist my child, if necessary, to reapply sunscreen during participation in Town Programs/Activities. \_\_\_\_\_ **Parent/Guardian Initials** \_\_\_\_\_ **Yes** \_\_\_\_\_ **NO**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of being permitted to participate in West Springfield Park and Recreation Department programs/activities (hereinafter the "Program") I, the undersigned, on behalf of the participant listed above (hereinafter "Participant"), and for myself, my heirs, personal and/or legal representatives, next of kin, and assigns (hereinafter collectively referred to as "I" or "ME"), hereby:

- RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Town of West Springfield, its agents, servants, employees, officials, volunteers, contractors, representatives (hereinafter the "Town") from any and all liability, claims, demands, actions, suits, loss and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, death, illness, injury and/or disease of any kind, and including but not limited to any death, illness, injury and/or disease in any way related to or arising out of the novel coronavirus (COVID-19), that may be sustained by the Participant and/or arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
- INDEMNIFY, SAVE and HOLD HARMLESS the Town from any and all liability, claims, demands, actions, suits, loss, and causes of action and any cost it may incur, including court costs and attorneys' fees, arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
- ACKNOWLEDGE that the Participant's participation in the Program may be dangerous and may involve the risk of serious injury and/or illness, including COVID-19, and/or death and CONSENT to the Participant's voluntary participation and ASSUME full responsibility for any risk of loss, death, illness, injury and/or disease which I and/or the Participant may sustain arising out of or related to the Program whether known or unknown and whether caused by the negligence of the Town or otherwise.
- AGREE that this Release and Waiver of Liability and Indemnity Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts and that, in the event any portion of this document is deemed unlawful or unenforceable, said portion shall be severable and the balance of the terms shall continue in full legal force and effect.
- AGREE that I, the undersigned, am the parent or legal guardian of the Participant. I hereby execute this Release and Waiver of Liability and Indemnity Agreement on the Participant's behalf. I understand that by executing this agreement on behalf of the Participant, I am binding the Participant and ME to the terms of this Release and Waiver of Liability and Indemnity Agreement.

**I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHTS AND THE RIGHTS OF THE PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Participant Printed Name \_\_\_\_\_

Fees: (**R** = West Springfield Resident, **NR** = Non-Resident)

**ADVENTURE QUESTS**

**SPORTS CAMPS & CLINICS**

\_\_\_\_\_ **TINY TOTS** (Ages 4-5)  
 \_\_\_\_\_ **CENTRUM** (Ages 6-12)  
 \_\_\_\_\_ **S.T.E.P.** (Ages 13-15)

**Art Explosion ~ June 24 – June 28**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$50R \_\_\_\$70NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$130R \_\_\_\$185NR

**Track & Field Clinic**  
 \_\_\_ June 17-June 21 \_\_\_\$60R \_\_\_\$70NR

**Week 1**  
 \_\_\_ June 24 – June 28 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ PRE \$35R/NR \_\_\_ POST \$35R/NR

**Party in the USA ~ July 1 – July 5 (No 7/4)**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$40R \_\_\_\$60NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$110R \_\_\_\$155NR

**Stars & Spikes Volleyball Camp**  
 \_\_\_ June 24-June 28 \_\_\_\$130R \_\_\_\$185NR

**Week 2**  
 \_\_\_ July 1 – July 5 (No 7/4) \_\_\_\$110R \_\_\_\$155NR  
 \_\_\_ PRE \$30R/NR \_\_\_ POST \$30R/NR

**Ocean/Pirates ~ July 8 – July 12**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$50R \_\_\_\$70NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$130R \_\_\_\$185NR

**Hoop Mania Basketball Camp**  
 \_\_\_ July 8-July 12 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ July 15-July 19 \_\_\_\$130R \_\_\_\$185NR

**Week 3**  
 \_\_\_ July 8 – July 12 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ PRE \$35R/NR \_\_\_ POST \$35R/NR

**Carnival/Circus ~ July 15 – July 19**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$50R \_\_\_\$70NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$130R \_\_\_\$185NR

**Kicks & Dribbles Soccer Camp**  
 \_\_\_ July 22-July 26 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ July 29-August 2 \_\_\_\$130R \_\_\_\$185NR

**Week 4**  
 \_\_\_ July 15 – July 19 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ PRE \$35R/NR \_\_\_ POST \$35R/NR

**Nature/Safari ~ July 22 – July 26**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$50R \_\_\_\$70NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$130R \_\_\_\$185NR

**Field Hockey Clinic**  
 \_\_\_ August 5-August 8 \_\_\_\$60R \_\_\_\$70NR

**Week 5**  
 \_\_\_ July 22 – July 26 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ PRE \$35R/NR \_\_\_ POST \$35R/NR

**LEGO ~ July 29 – August 2**  
 \_\_\_ ½ Day (9:00AM – 11:30AM) \_\_\_\$50R \_\_\_\$70NR  
 \_\_\_ Full Day (9:00AM – 4:00PM) \_\_\_\$130R \_\_\_\$185NR

**JUNIOR POLICE ACADEMY**  
 \_\_\_ August 5-August 9 \_\_\_\$130R \_\_\_\$185NR

**Week 6**  
 \_\_\_ July 29 – August 2 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ PRE \$35R/NR \_\_\_ POST \$35R/NR

**FULL S.T.E.A.M. AHEAD**  
 \_\_\_ August 5-August 9 \_\_\_\$130R \_\_\_\$185NR  
 \_\_\_ August 12-August 16 \_\_\_\$130R \_\_\_\$185NR

**JUNIOR FIRE ACADEMY**  
 \_\_\_ August 12-August 16 \_\_\_\$130R \_\_\_\$185NR

**Send paperwork & payment to:**  
 West Springfield Park & Recreation Dept.  
 26 Central St. – Suite 19  
 West Springfield, MA 01089  
 Email: [parkandrec@tows.org](mailto:parkandrec@tows.org)  
 Phone: (413) 263-3284  
**Checks Payable: "Town of West Springfield"**

# WEST SPRINGFIELD PARK AND RECREATION

## Massachusetts Immunization Information System

**Immunization Records from your physician's office are REQUIRED!  
Request your print out NOW!**

Name:

Birth Date:

Age:

Gender:

Vaccine Group	#	Vaccine	Date
Hepatitis B	1		
	2		
	3		
Diphtheria Tetanus Pertussis	1		
	2		
	3		
	4		
	5		
	6		
	7		
Hib	1		
	2		
	3		
	4		
Poliomyelitis	1		
	2		
	3		
	4		
	5		
Pneumococcal Conjugate	1		
	2		
	3		
	4		
Rotavirus	1		
	2		
	3		

Vaccine Group	#	Vaccine	Date
Measles Mumps Rubella	1		
	2		
Varicella	1		
	2		
Meningococcal	1		
	2		
Meningococcal B	1		
	2		
	3		
Influenza	1		
	2		
	3		
	4		
Influenza-H1N1	1		
	2		
	3		
	4		
Pneumococcal Polysaccharide	1		
	2		
Hepatitis A	1		
	2		
Human Papilloma Virus	1		
	2		
	3		
Recombinant Zoster Vaccine (RZV)	1		
	2		
Zoster Vaccine Live (ZVL)	1		
COVID-19 Vaccine	1		
	2		
	3		
	4		

**SAMPLE**

Other vaccine(s):

School Exemption(s):

Serologic Proof Of Immunity:

Chickenpox (Varicella) history:

I certify that this certificate was created from the immunization records of the above-named individual.

Doctor or nurse's name (please print):

Date:

Facility Name:

Signature: