



West Springfield Park & Recreation Department
PARTICIPANT PROFILE REGISTRATION FORM ~ 2019



Proof of Age/Residency Required for First Time Participants

Child's Name: _____ DOB: _____ Age: ____ Gender: ____
Home Address: _____ Grade Entering in Sept 2019: _____
City: _____ State: _____ Zip: _____ Primary Phone #: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____
Identifying Marks or Moles: _____ T-Shirt Size: Youth: __YS__YM__YL__YXL Adult: __S__M__L__XL
I request my child to be placed in same group as (APPLIES TO CENTRUM ONLY): _____

PARENTS/GUARDIANS

#1 Parent/Guardian Name: _____ Place Employed: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: _____ Email Address: _____

#2 Parent/Guardian Name: _____ Place Employed: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Home Address: _____ Email Address: _____

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: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact #1 Relationship to Participant: _____

#2 Emergency Contact Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell 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Allergies [] Yes [] No Any unusual fears [] Yes [] No Withdrawn/Shy [] Yes [] No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). Will your child be required to take medication during camp hours? [] Yes [] No

Table with 3 columns: Name of Medication, Dosage, Reason

Treatment Consent: I give permission for any emergency treatment, hospitalization, or surgery deemed necessary on my child, including the administration of anesthesia or injection:

Child's Physician _____ Business Phone: _____ Parent/Guardian Signature: _____

Immunizations: This information must be supplied to attend camp!! (This information is NOT kept on file from year to year).

- 1. Date of last Diptheria, Tetanus Toxoids and Pertussis Vaccine (DTaP/DTP/DT): Month _____ Year _____
2. Date of last Measles, Mumps and Rubella (MMR): Month _____ Year _____
3. Date of last Polio Vaccine (IPV/OPV): Month _____ Year _____

PLEASE TURN OVER

**West Springfield Park & Recreation Department
PARTICIPANT PROFILE REGISTRATION FORM ~ 2019**



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Child's Name: _____

My Child's swimming ability: Non-Swimmer Intermediate Swimmer Swimmer Child NOT ALLOWED to Swim at Camp
(Not applicable for some summer programs)

Definitions: **Non-Swimmer** – cannot swim in water above the shoulders; **Intermediate** - cannot swim in the deep end; **Swimmer** - can access entire pool.
Centrum/TT/STEP: 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.

Yes _____ Parent/Guardian Initials NO _____ Parent/Guardian Initials

AGREEMENT

The undersigned is aware that there are certain risks involved in participating in the West Springfield Park and Recreation Department programs/activities including but not limited to the risk of theft or damage to my property and the risk of personal injury from participation in recreation activities. In consideration of my being granted permission to participate in these activities and to use the facilities of the Town of West Springfield ("Town") and/or other activities and services provided by the Town's Park and Recreation Department, its agents and employees, including food service. I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby covenant to hold harmless and indemnify the Town and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in the Program. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms. The Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible. If my child passes an intermediate or advanced swimming competency test administered by the pool staff, then he/she has my permission to swim in the deep end and the shallow end of the pool *(applies to Centrum, S.T.E.P. Tiny Tots, Hoop Mania Basketball, Kicks & Drubbles Soccer, Stars & Spikes Volleyball and Field Hockey Camps)*.

I have read and understand the Refund Policy, Procedure for Disciplining Participants in all Programs, and Drop Off & Pick Up Authorization Policy contained in the Parent's Handbook.

Parent/Guardian Signature: _____ Date: _____

R = West Springfield Resident Fee NR = Non-Resident Fee

<p align="center">TINY TOTS <i>(Ages 4-5)</i></p> <p>R – Registrations begin on March 30 NR - Registrations begin on May 6 (if openings exist)</p> <p>Week 1: June 24-June 28 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 2: July 1-July 5 <small>(no 7/4)</small> <input type="checkbox"/> \$100 R <input type="checkbox"/> \$110 R on/after May 6 <input type="checkbox"/> \$145 NR on/after May 6</p> <p>Week 3: July 8-July 12 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 4: July 15-July 19 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 5: July 22-July 26 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 6: July 29-Aug 2 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p>	<p align="center">CENTRUM <i>(Ages 6-12)</i></p> <p>R – Registrations begin on March 30 NR - Registrations begin on May 6 (if openings exist)</p> <p>Week 1: June 24-June 28 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 2: July 1-July 5 <small>(no 7/4)</small> <input type="checkbox"/> \$100 R <input type="checkbox"/> \$110 R on/after May 6 <input type="checkbox"/> \$145 NR on/after May 6</p> <p>Week 3: July 8-July 12 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 4: July 15-July 19 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 5: July 22-July 26 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p> <p>Week 6: July 29-Aug 2 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 R on/after May 6 <input type="checkbox"/> \$175 NR on/after May 6</p>	<p align="center">S.T.E.P. <i>(Ages 13-15)</i></p> <p>Week 1: June 24-June 28 <input type="checkbox"/> \$150 R <input type="checkbox"/> \$160 NR</p> <p>Week 2: July 1-July 5 <small>(no 7/4)</small> <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR</p> <p>Week 3: July 8-July 12 <input type="checkbox"/> \$150 R <input type="checkbox"/> \$160 NR</p> <p>Week 4: July 15-July 19 <input type="checkbox"/> \$150 R <input type="checkbox"/> \$160 NR</p> <p>Week 5: July 22-July 26 <input type="checkbox"/> \$150 R <input type="checkbox"/> \$160 NR</p> <p>Week 6: July 29-Aug 2 <input type="checkbox"/> \$150 R <input type="checkbox"/> \$160 NR</p>	<p align="center">Track & Field Clinic <i>June 17-June 21</i></p> <p><input type="checkbox"/> \$45 R <input type="checkbox"/> \$55 NR</p>	<p align="center">Field Hockey Camp <i>August 5-August 9</i></p> <p><input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR</p>
		<p align="center">Art Enrichment</p> <p><input type="checkbox"/> \$50 R per class <input type="checkbox"/> \$55 NR per class</p> <p align="center">YOUNG PEOPLE'S <small>(Ages 5-9)</small></p> <p><input type="checkbox"/> PAINTING (W) <input type="checkbox"/> ART (T) <input type="checkbox"/> DRAWING (F) <input type="checkbox"/> MIXED MEDIA (TH)</p> <p align="center">OLDER ARTISTS <small>(Ages 7 & Up)</small></p> <p><input type="checkbox"/> PAINTING & AIRBRUSH (M) <input type="checkbox"/> MIXED MEDIA (TH) <input type="checkbox"/> DRAWING (F) <input type="checkbox"/> CREATIVE SCULPTURES (W) <input type="checkbox"/> JEWELRY (T)</p>	<p align="center">Hoop Mania Basketball Camp</p> <p>Week 1: July 8-July 12 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR Pre/Post Camp Care <input type="checkbox"/> \$30 Pre <input type="checkbox"/> \$30 Post</p> <p>Week 2: July 15-July 19 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR Pre/Post Camp Care <input type="checkbox"/> \$30 Pre <input type="checkbox"/> \$30 Post</p>	<p align="center">Field Hockey Clinic <i>August 12-August 14</i></p> <p><input type="checkbox"/> \$60 R <input type="checkbox"/> \$70 NR</p>
			<p align="center">Babysitter Training Course</p> <p><input type="checkbox"/> \$40 R <input type="checkbox"/> \$50 NR</p> <p><input type="checkbox"/> April 27 <input type="checkbox"/> September 14</p>	<p align="center">JUNIOR POLICE ACADEMY <i>August 12-August 16</i> \$100 R \$110 NR</p> <p><i>August 19-August 23</i> \$100 R \$110 NR</p>
<p align="center">TINY TOTS/CENTRUM/S.T.E.P.</p> <p>PRE Camp Care <input type="checkbox"/> Week 1: \$30 <input type="checkbox"/> Week 2: \$25 <input type="checkbox"/> Week 3: \$30 <input type="checkbox"/> Week 4: \$30 <input type="checkbox"/> Week 5: \$30 <input type="checkbox"/> Week 6: \$30</p> <p>POST Camp Care <input type="checkbox"/> Week 1: \$30 <input type="checkbox"/> Week 2: \$25 <input type="checkbox"/> Week 3: \$30 <input type="checkbox"/> Week 4: \$30 <input type="checkbox"/> Week 5: \$30 <input type="checkbox"/> Week 6: \$30</p>		<p align="center">KICKS & DRIBBLES Soccer Camp</p> <p>Week 1: July 22-July 26 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR Pre/Post Camp Care <input type="checkbox"/> \$30 Pre <input type="checkbox"/> \$30 Post</p> <p>Week 2: July 29-Aug 2 <input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR Pre/Post Camp Care <input type="checkbox"/> \$30 Pre <input type="checkbox"/> \$30 Post</p>	<p align="center">Mail to: West Springfield Park & Recreation Dept. 26 Central St. – Suite 19 West Springfield, MA 01089</p>	
			<p align="center">Stars & Spikes Volleyball Camp <i>August 5-August 9</i></p> <p><input type="checkbox"/> \$120 R <input type="checkbox"/> \$130 NR</p>	<p align="center">Checks Payable: <i>"Town of West Springfield"</i></p> <p>___ Cash <i>(do not mail)</i> ___ Check # ___</p>