

Junior Summer Adventure Program 2023

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: _____

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

**Important: if your child has an allergy that requires an epipen, you must submit an allergy action plan or individual health plan form prior to attending. Please contact the director for more information.*

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 June 1st, 2023)

Session: (Please check all that apply)

(Extended day Mon-Thu)

___ Week 1: June 26-30 Blast Off Into Summer

___ Extended Day

___ Week 2: July 3-7 Superfriends

___ Extended Day (closed 7/4)

___ Week 3: July 10-14 Enchanted Forest

___ Extended Day

___ Week 4: July 17-21 Summer Safari

___ Extended Day

___ Week 5: July 24-28 Under the Big Top

___ Extended Day

___ Week 6: July 31- Aug 4 Island Adventures

___ Extended Day

___ Week7: Aug 7-11 Ocean Adventures

___ 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: _____

Parent/Guardian name: _____ **Phone #** _____
(please print)

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

Emergency Contact: _____ **Phone:** _____