

## Junior Summer Adventure Program 2026

**\*A current physical/list of immunizations must be submitted with registration form**

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 camp experience.: \_\_\_\_\_

**Age group:**  (3.0+)  (4.0+)  (5.0+) (age must be met by 6/1/26)

**Session: (Please check all that apply)**

<input type="checkbox"/> Week 1: June 29-July 2	Our Own Backyard	<input type="checkbox"/> Extended Day (closed July 3)
<input type="checkbox"/> Week 2: July 6-10	Hit the Beach!	<input type="checkbox"/> Extended Day
<input type="checkbox"/> Week 3: July 13-17	Going Camping	<input type="checkbox"/> Extended Day
<input type="checkbox"/> Week 4: July 20-24	Down on the Farm	<input type="checkbox"/> Extended Day
<input type="checkbox"/> Week 5: July 27-31	Lakeside Fun	<input type="checkbox"/> Extended Day
<input type="checkbox"/> Week 6: Aug 3-7	Island Adventures	<input type="checkbox"/> Extended Day

**Acknowledgement and Release:** I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damage 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:** \_\_\_\_\_

**Permission to reapply sunscreen provided from home, as needed:** \_\_\_\_\_

(signature required)

**\*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.