

PLEASE PRINT CLEARLY IN A BLACK OR BLUE PEN

WALTHAM RECREATION DEPARTMENT- 2018 SUMMER SEASON

Participant's Name: _____ Age/Child: _____ Circle: Male Female Date of Birth: _____

Is the participant a Waltham Resident? Circle: Yes No Address: _____ Zip: _____

Entering Grade: _____ School: _____ Home Phone: _____ Email: _____

Parent/Guardian #1: _____ Relation: _____ Business Phone: _____

Cell Phone: _____ Fax No.: _____ Pager: _____

Parent/Guardian #2: _____ Relation: _____ Business Phone: _____

Cell Phone: _____ Fax No.: _____ Pager: _____

Additional Emergency Contact: If parents/guardians are not available in an emergency, notify person below (List Relative/Friend - other than parent/guardian)

Name: _____ Home Phone: _____ Cell Phone: _____

Photo Policy: By registering for a program, you give permission to take and publish photos of you (or your child) participating, along with a photo identification. If you do not wish to be photographed (or have your child photographed), you must include this request, in writing, along with your registration.

ALLERGIES – MEDICATIONS – SPECIAL ACCOMODATIONS

Does participant have any allergies (environmental/food)? Circle: Yes No Does participant currently take any medication and/or will take during a program? Circle: Yes No

Does participant need extra help or attention in any area? Circle: Yes No Are there any behavior or special needs that may need to be addressed? Circle: Yes No

If you answered yes to any of these questions, complete the section below:

Allergies– Environmental: _____

Allergies– Food: _____

Medications taken at home: _____

Medications that will need to be taken at the program (list dosage and times): _____

Please note: If your child will be taking any medication during a program, an "Authorization to Administer Medication" form must be completed.

The form is available at the Recreation Office on can be down loaded from our webpage (see www.city.waltham.ma.us)

Please list any special arrangements or accommodations needed for your child, while attending the program: _____

Please complete other side of form

WALTHAM RECREATION DEPARTMENT- 2018 SUMMER SEASON

PRE-K SUMMER PROGRAM AT PROSPECT HILL (FOR CHILDREN WHO ARE ENTERING KINDERGARTEN IN SEPTEMBER 2018)

Session # Week of:

Office Use

		Swim Program (circle)	Duck	Fish	Extended day (please check)	M	T	W	TH	F
		Swim Program (circle)	Duck	Fish	Extended day (please check)	M	T	W	TH	F

SUMMER FUN AT PROSPECT HILL (FOR CHILDREN WHO ARE ENTERING GRADES 1-6 IN SEPTEMBER 2018)

Session # Week of:

Office Use

KALEIDOSCOPE (FOR CHILDREN WHO ARE ENTERING GRADES 1-6 IN SEPTEMBER 2018)

Session # Week of:

Office Use

SUMMER CHILL ZONE (FOR CHILDREN WHO ARE ENTERING GRADES 7-9 IN SEPTEMBER 2018)

Session # Week of:

Office Use

OTHER PROGRAMS (CHECK DESCRIPTIONS- ENTERING GRADES VARY, DEPENDING ON PROGRAM

Program Name:

Date/Session:

Location:

Office Use

WAIVER, CONSENT AND RELEASE FORM

I, the undersigned parent/guardian of _____, a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs for the City of Waltham. I also agree to forever waive and release the City of Waltham, Skyhawks, Thundercats, Charles River Museum of Industry and Innovation, Waltham Community Fields and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Waltham ("the Releases") of and from any and all claims, rights of action and causes of action that my child has arisen in the past, or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs. I, for our heirs, successors or assigns also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, are or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs. I represent and warrant that I have the authority and capacity to sign this Waiver and Release. I further affirm that I have read this Waiver, Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Waltham's athletic or recreation programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage to my child or I may suffer in voluntary City of Waltham's athletic or recreation to programs. I understand this is a binding legal document waiving and releasing actual and potential claims and that I have had the opportunity to obtain legal advice if I choose.

Date

Parent/Guardian Signature

Print Parent/Guardian Name

Witness Signature

Print Witness Name