

Boot Camp Registration Form

- Please completely fill out the registration form below. MAIL TO 338 MAIN ST 3RD FLOOR WINSTED CT 06098
- To ensure the safety please give as many phone numbers as possible, so that in a case of emergency, we will be able to contact you as quickly as possible.
- To ensure the enjoyment we ask that under the Medical Information and Comments heading to list any pertinent information that can help our staff to provide attention that may be needed.

1. Name _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Zip _____ Cell Phone _____

2. Email: _____

3. Emergency Contact _____ Phone _____

Sex: M F

Program Name _____ Session _____ Time _____ Cost _____
Allergies _____

Special Needs _____

Medical Information/Comments _____

Waiver and Release:

I understand that injuries are a possibility as a result of participation in this activity. In case of emergency, if family cannot be reached, I hereby authorize the Emergency Department Physician to treat my me. I further understand my own insurance will be used in the event of an injury.

I agree to hold harmless the Town of Winchester, City of Winsted, the Parks & Recreation Department, it's officers, sponsors, agents, employees and anyone else associated with the program, from any loss, blame, expenses, injuries, property damage and liability whatsoever which may arise from participation in this program.

SIGNATURE _____ DATE _____

Print name: _____