

**Town of Winchester-City of Winsted
Winchester Recreation Department
338 Main Street
(860)-738-6964 or (860)738-7053 fax
SUMMER CAMP 2015 ROWLEY STREET PLAYGROUND
Summer Camp 7 weeks June 29th- August 14th
Cost \$85 per week**

The following form must be filled out prior to participation in any recreational sponsored program. All payments must be included with the registration form. Please feel free to call the Recreation office if other financial arrangements need to be made.

Name _____ **Grade:** _____ **Age:** _____

Address: _____ **Home phone:** _____

Date of Birth: _____ **Parent/Guardian** _____

Email address: _____

Emergency Contact: _____ **Phone:** _____

Special Concerns: _____

Payment amount enclosed: \$ _____ **check #** _____

Session Dates _____

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 attending Emergency Department Physician to treat me. I also understand that my own medical insurance will be used in the event of an injury.

I agree to hold harmless the Town of Winsted, the 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: _____

