

WASHINGTON PARKS & RECREATION  
PO Box 383 Washington Depot, CT 06794 868-1519

# SUMMER REC PROGRAM

**Session I: July 5<sup>th</sup> - July 16<sup>th</sup> 2010**

**Session II: July 19<sup>th</sup> - July 30<sup>th</sup> 2010**

Held at: **SHEPAUG MIDDLE/HIGH SCHOOL – cafeteria**

9:00 am - noon daily

For children entering grades 1 - 5

Fee: \$70/child/session \$175.00/family of 3 per session

**Washington Residents only !! FINAL REGISTRATION DATE: JUNE 14<sup>th</sup>**

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\* \* BUS NOTE \* \*

My Child(ren) \_\_\_\_\_ has my permission to attend the "Friday Field Trips" for Summer Rec Camp Session I; Session II.

\_\_\_\_\_  
Signature of Parent or Guardian  
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Name of Child/Children: \_\_\_\_\_

AGE _____	ENTERING GRADE _____
AGE _____	ENTERING GRADE _____
AGE _____	ENTERING GRADE _____

**T-Shirt Size: (Please circle size)**

Youth Med   Youth Lg   Youth XL   Ad Sm   Ad Med   Ad Lg

SESSION I \_\_\_\_\_      SESSION II \_\_\_\_\_  
KNOWN DAYS CHILD(REN) WILL NOT ATTEND CAMP \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

WORK PHONE NOs \_\_\_\_\_

**\*\*\*WHO TO REACH IF PARENTS ARE NOT AVAILABLE:**

\_\_\_\_\_  
Phone# \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby give permission for my child/children to participate in this program. **I will hold harmless the Town of Washington, the Parks & Recreation Commission, Region 12 and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage which may arise from my participation or my child's participation in this program. I also understand that in the event of an injury, my own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes. NO \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_