

Registration Form
Camp Discovery

Please fill out and return the registration form with the fee
to the school or to CCF, 46 Hope Street, Woonsocket, RI 02896

Spaces are limited

CHECK PAYABLE TO CONNECTING FOR CHILDREN & FAMILIES (CCF)

Name (First) _____ (Last) _____

Age ____ Current Grade _____ Childs Birth Date _____ Current Teacher _____

Parent/Guardian name _____

Address _____

Home Phone # _____

Emergency Phone # _____

Email Address: _____

Other persons allowed to pickup student:

Name _____ Phone# _____ Name _____ Phone# _____

Name _____ Phone# _____ Name _____ Phone# _____

Please list any allergies/medical conditions that may affect your child's participation
in the program _____

Special consideration: _____

You must read and sign CCF terms and condition on the reverse
side in order to complete the registration form. If you have
any questions, please contact Kaleigh Perkins at 401-767-4808.

**To complete the registration form, please read CCF's
Camp Discovery Agreement and sign below.**

I understand that CCF Camp Discovery Summer Education Program provides various recreational activities including local walking trips and transported field trips. In registering my child for this program, I agree to his/her participation in the trip activities, which may include one or more groups or the whole program.

I agree that my child is responsible for his/her behavior at all times. If, in the view of the proper authorities of the Camp Discovery Summer Education Program my child becomes involved in behavior that presents a danger to him/herself and/or others, appropriate steps shall be taken to protect all participants of the Program, including removal of my child from the Program.

I also give permission to use any and all photographs and/or video/audios of my child obtained while attending and/or participating in the Summer Program. These items become property of the Connecting for Children & Families and they shall have the right to duplicate, reproduce, and make other uses when the opportunities arise to provide positive information and publicity for programs sponsored by the participating agencies. I give permission for my child/ren to participate in the summer program evaluation/focus group.

I acknowledge the fact that this program or activity may/or does involve physical contact or other conditions where injuries may occur. I hereby assume for myself and for my child, all liabilities, risks, injuries and hazards incidental to participation in the Camp Discovery Summer Education Program.

I, the undersigned, hereby attest that I am the Parent and/or Legal Guardian of _____.
By signing below, I give my consent as Legal Guardian for my child to participate in the Camp Discovery Summer Program until **12:30pm** and agree to waive, release and agree to hold harmless CCF, its employees, our community partners and the host school for and from any claim, liability, suits, charges or compensation for loss or injury of any kind.

I agree that I have been informed of the details of the agreement and have been with a contact number (401-767-4808) for answers to any questions prior to participating in CCF's Camp Discovery Summer Program.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature _____ **Date:** _____