



Registration Form

Camp Schedule: July 10 – August 18, 2017 8:00 a.m. – 2:15 p.m.

Please fill out and return this registration form with the fee in an envelope to:
Ms. Costa, Villa Nova building (240 Florence Drive) by Friday, June 16, 2017.

Cash or check payable to: Connecting for Children & Families (CCF), 46 Hope St., Woonsocket, RI 02895
(If you are already signed up as a CCF member, you only need to pay the \$30 program fee for the 6 week camp.)

Payment enclosed for: CCF Membership _____ Summer Camp _____

Student Name: (First) _____ **(Last)** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

Parent/Guardian Name: _____

Address: _____ **Email:** _____

Phone 1: _____ **Phone 2:** _____

Sibling(s) Name(s) and Age(s): _____

Please list any allergies or medications: _____

Please list any special consideration: _____

I will pick up my child at 2:15 p.m. (Villa Nova building) Yes _____ No _____

I give permission for my child to walk home. Yes _____ No _____

Parent/Guardian Signature: _____

**Please read and sign CCF agreement on the other side of this form.
If you have any questions, contact Sandra Costa at (401) 235-6125.**

**To complete the registration form, please read CCF's
Get Connected Summer Camp @ WMS Agreement and sign below.**

I understand that CCF's Get Connected Summer Camp @ WMS 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 Get Connected Summer Camp @ WMS 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 Connecting for Children and 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 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 Get Connected Summer Camp @ WMS Program. If my child requires emergency treatment, I give permission for my child to be transported to the nearest hospital.

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 Get Connected Summer Camp @ WMS Program and agree to waive, release and agree to hold harmless CCF, its employees, 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 provided with a contact number (401-235-6125) for answers to any questions prior to participating in CCF's Get Connected Summer Camp @ WMS Program.

Parent/Guardian Name (Please Print) _____

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