



# Stay Connected Summer Camp @ WHS

## 2019 Registration Form

Please fill out and return the registration form with the fee to:

Kris Wright at WHS – CCF Office, 777 Cass Ave., Woonsocket, RI 02895 by 6/14/19.  
CASH OR CHECK PAYABLE TO CONNECTING FOR CHILDREN & FAMILIES (CCF)

Registration Fee: \$45.00 (Includes CCF membership)

Spaces are limited – Scholarships available

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Student Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade entering in the Fall of 2019 \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ T-shirt Size (Adult size) \_\_\_\_\_

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

\_\_\_\_\_

Special consideration: \_\_\_\_\_

Names of all household members:

Adult(s): \_\_\_\_\_

Children:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Other persons allowed to pick up student:

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

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

I give my child permission to walk home from the program at 2:00 p.m. \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Guardian Signature: \_\_\_\_\_

You must read and sign CCF terms and conditions on the reverse side in order to complete the registration form.

If you have any questions, please contact Kris Wright at 401-767-4731 or 401-766-3384 (CCF).

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

I understand that CCF's Stay Connected Summer Camp @ WHS 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 Stay Connected Summer Camp @ WHS 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 Stay Connected Summer Camp @ WHS. These items become property of 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. In addition, I give CCF permission to have access to my child's grades and state standardized tests from the Woonsocket Education Department.

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 Stay Connected Summer Camp @ WHS. 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 Stay Connected Summer Camp @ WHS **until 2:00 pm** 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 provided with a contact number (401-767-4731) for answers to any questions prior to participating in CCF's Stay Connected Summer Camp @ WHS.

**Parent/Guardian Name (Please Print)**

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_