WILMORE SUMMER RECREATION 2008

(Please fill out a separate registration form for each child.)

Please return to:
WILMORE PARKS & RECREATION
335 East Main Street, Wilmore, KY 40390

Name of Child_____ Age _____Birthday _____

Parent/Guardian_____

Address_____ City_____ Zip_____

Email address (*IMPORTANT): _____

Phone Numbers: Father (h)_____ (w)_____ (cell) _____

Mother (h)_____ (w)_____ (cell) _____

Other **Emergency Contact & phone #**_____

MEDICAL INFORMATION
Child's Physician_____ Phone _____

List any relevant medical conditions _____

_____

_____

List all medication taken and why _____

Is there any special attention, routines, or medication to be taken into consideration during camp?

_____

List all allergies_____

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PLEASE CHECK WHICH WEEK(S) YOUR CHILD WILL ATTEND:	Theme Week	*Field Trip*
_____**Week 1 – June 9-13**	Basketball Week –	*Kids Place/Champ's Rollerdrome*
_____**Week 2 – June 16-20**	Track & Field Week –	*UK Arboretum/KY Theatre*
_____**Week 3 – June 23-27**	Nature Week -	*Louisville Zoo*
_____**Week 4 – June 30-July 3**	Patriotic Week -	*Nicholasville Pool*
_____**Week 5 – July 7-11**	Soccer Week -	*Shaker Village/Paddleboat*
_____**Week 6 – July 14-18**	Baseball/Softball Week-	*EKU Planetarium/Lake Reba*
_____**Week 7 – July 21-25**	Creative Arts Week -	*Coney Island Amusement Park*
_____**Week 8 – July 28-Aug 1**	Extreme Sports Week -	*Southland Pool*

PLEASE CONTINUE ON BACK

PICK-UP AUTHORIZATION

What are the pick-up arrangements for your child? ***(who may pick them up or write "walk home" if they have your permission to walk)***

_____

(If your child may walk home, please sign the following statement.) I give my child *(name)* _____ permission to sign themselves out at the end of the camp day.
I take full responsibility for my child after he/she signs out of camp.
Signature_____ Date _____

MEDICAL RELEASE

If a medical emergency occurs, the Director and staff will make every effort to contact the Child's Parent to approve Hospital emergency room care. In the event we are unable to contact you, we request you sign this request for emergency room treatment.
I acknowledge that my child, _____ has come to _____ (preferred hospital) seeking treatment. I hereby authorize the physicians in attendance to employ emergency treatment as they deem necessary upon the above named person. I also authorize release of insurance information for the purpose of payment to the hospital and the treating physicians.

Insurance Company_____ Policy Number _____

Signed_____ Date_____

RELEASE

I release the City of Wilmore, and all representatives, employees, and partners of the City and their successors, from all claims and demands as a result of participation in the Wilmore Summer Recreation program.

I also give permission for my child to participate in the program and be transported for field trips.

Parent Signature_____ Date _____

For your child to be officially registered, the following documents must accompany this registration form:

- **Completed and Signed Financial Form (Free Lunch Form)**
- **Payment for Wilmore Summer Recreation 2006**

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FOR OFFICE USE

Date Registered_____ Amount pd_____Check #_____ Cash __

Group #_____ T-Shirt___