West Hartford Leisure Services

HEALTH AND INFORMATION FORM

YOU MUST COMPLETE AND SIGN THIS FORM TO ENROLL YOUR CHILD IN THE VACATION SKATING CAMP

Child's Name_____

Does your child have any known allergies, currently taking any medications or have any known illness or physical limitations, etc. If so, please list and describe.
(Use separate sheet of paper if additional space is needed)

_____

_____

Has your child been prescribed an Epi-Pen? _____Yes _____No

Family Doctor's Name_____

Doctor's Phone Number_____

Emergency Contact (other than parent)_____

Emergency Contact Phone Number_____

Please read each statement below and if you understand and agree to each statement put your initials in the space next to the paragraph to signify your understanding and agreement.

_____ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is

Hospital Name_____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary by medical judgment, including administration of anesthesia.

_____ In the event my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Servcies program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in the West Hartford Leisure Services program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in the West Hartford Leisure Services program.

Signature of Parent or Guardian

_____Date_____

HOUSEHOLD INFORMATION *(Please Print)*

Participants Name_____

DOB:_____ Age:_____ Sex: F_____ M_____

Parent/Guardian:_____

Address:_____

Town:_____ State:_____ Zip:_____

Home Phone: _____ Work Phone:_____

Emergency Contact:_____ Phone:_____

Email Address:

Vacation Skating Camp

_____December - 423310 A _____February – 423310 B _____April – 424310 A

Fee: _____

Payment Type:

_____Check #_____ (Payable to the "Town of West Hartford) _____Cash (in person only)

_____MasterCard _____VISA

Card #_____Exp._____

Signature of Card Holder:_____

REFUND POLICY: NO refunds can be given after the session begins. If you cancel prior to the start of the session for non-medical reasons and request a refund, a 10% processing fee will be deducted.

In lieu of a physician's certificate, I take full responsibility for any ill-effect suffered by my child through the participation in this skating program. I have completed and signed the Health and Information Form.

Signature of Parent/Guardian Date