

# VACATION CAMPS

## FEBRUARY VACATION

**FEB. 16- FEB 19, 2010**  
**Tuesday-Friday**  
**8 am-5 pm**  
**Kramer School Gym**

**Grades K-4**

**\$100.00 per child**  
**Crafts, games, and more!**

## APRIL VACATION

**APR. 19-APR. 23, 2010**  
**Monday-Friday**  
**8 am-5 pm**  
**Kramer School Gym**

**Grades K-4**

**\$125.00 per child**  
**Crafts, games, and more!**

*Sign up for both camps and save \$25.00!*  
*(Must be paid in advanced)*

*Please return form & payment payable to:*  
**Windham Recreation Department, 979 Main St., Willimantic, CT 06226**



Participants Name: Nombre del participante:		Address: direccion:	
Participants Grade: Grado:	Date of Birth: Fecha de Nacimiento:	Parent's Day Phone: Telefono de dia:	
Please check camp(s) attending		Both Camps:	
<b>February Vacation Camp</b>	<b>April Vacation Camp</b>	<b>Feb. &amp; Apr. Camps</b>	
<b>(\$100):_____</b>	<b>(\$125):_____</b>	<b>(\$200)_____</b>	
Emergency Contact Name:	Emergency Contact Phone:	Amount Enclosed : \$	Fee Wvr. %

**Release, Waiver and Assumption of Risk Form – Please read carefully before signing**

I, \_\_\_\_\_ the undersigned by registering my child in the, **Vacation Camp**, understand the nature and risks associated with participation in this activity.

I hereby grant my child permission to participate and go on the bus for field trips. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for their own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against the Town of Windham, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity.

In the event of any medical reasons your efforts to reach me or listed emergency contacts are unsuccessful, I the parent or legal guardian give consent for emergency evaluation, treatments and/or admission to the closest hospital as determined by the physician in charge of the care of the above named person. I understand that the Town of Windham is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (parent or guardian)