

“On The Wilder Side” Registration Form 2016



Circle one:

Session I: July 11 – 15
Session II: July 18 – 22
Session III: July 25 – 29
Session IV: August 1 - 5
Session V: August 8 - 12
Cost: \$225.00 (city resident) / \$125 for half day
\$250.00 (non-city resident) / \$150 for half day

Make Ck. Payable to: **Next Level Adventures**
**Mail to: 200 Trafton Road – Forest Park
Spfld., MA 01108
Attn. Sandy Federico**

Participant Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Place of Birth: _____

Gender: _____ Grade: _____

Current School: _____

Parent/Guardian Name: _____

Phone Number: _____

Cell Phone Number: _____

Email: _____



Springfield Department of Parks, Buildings & Recreation Management & Brad Miller of Next Level Adventures

Recreation Office Telephone
787-6435

Next Level Adventures Telephone
530-1301

Ethnicity:

Circle One White/Caucasian (Non Hispanic)
Hispanic/Latino
African American
African American & Hispanic
Caucasian & Hispanic
Asian
Other: _____

Home Language: _____

Family Size: _____



Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

Participant Pick Up Information

Please list all people who are able to pick up student
(18yrs or older)

Participants will not be released to any individual not listed on this form. Please notify program staff in writing, of changes in pick up information.

Medical Information: _____

Please send in copy of latest physical. (Must be within one year of dates attending program)

How did you find out about program?

___Website ___Flyer ___Friend

___Past ___Newspaper ___ Other
Participant

Permission Form

Parent/Guardian Permission:

My child has permission to participate in activities provided by agencies participating in the Recreation/Enrichment Programs. I acknowledge that my child must follow all of the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I assume all risks and hazards incidental to and inherent in participation in this program. I hereby waive and release the City of Springfield and its officials, employees and officers from any claims that arise out of a decision to authorize medical/surgical treatment, as well as claims arising out of any personal injury or property damage related in any way to my child's participation in the program. I hereby indemnify and hold harmless those agencies or organizations providing activities for the Recreation/Enrichment Program from claims of third parties arising out of the decision to authorize medical/surgical treatment, or my child's participation in the program. My signature authorizes the Springfield School Department to release my child's -SASI, State ID numbers, and necessary school documents to the REACH and or CDGB partner program network. The information gathered will be used to apply for and report in grants the city receives. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

I am aware that pictures of my child may be used for publicity purposes by one or more agencies and I consent to the use of such pictures. YES NO

Signature: _____

Date: _____