

# “On The Wilder Side” Registration Form 2017



Circle one:

- Session I: July 10 – 14  
Session II: July 17 – 21  
Session III: July 24 – 28  
Session IV: July 31 – August 4  
Session V: August 7 - 11  
Cost: \$250.00 (city resident)  
\$300.00 (non-city resident)

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**

**CAMP WILDER:  
1524 PARKER ST.  
SPRINGFIELD MA, 01108  
(BEHIND PIONEER VALLEY  
MONTESSORI SCHOOL)  
MONDAY-FRIDAY 8-3**

**Online registration:  
[app.campdoc.com/register/campwildernla](http://app.campdoc.com/register/campwildernla)**

**Next Level Adventures Telephone  
530-1301**

## 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 and vaccination records. (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: \_\_\_\_\_

