



COOL CRITTERS CAMP REGISTRATION FORM

Please register by Friday June 25, 2015.

What to bring:

- ✓ Appropriate clothing. Ones used for play as they may get dirty or stained. Sneakers are the best footwear. Dress for the weather (jacket/sweatshirt on colder days, raincoat if the forecast calls for rain).
- ✓ Bathing suit and towel (water games outside).
- ✓ Sun block.
- ✓ Water Bottle and snack
- ✓ Please label all personal items such as clothes, or backpacks. *We are not responsible for lost or stolen items. We recommend you keep all expensive toys, electronics or valuables at home.*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First Middle initial

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

Parent(s)/Guardian(s)  
Name(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Information**

Parent/guardians are contacted first. Emergency Contact information is crucial in case Parent/guardian is unreachable.  
★Both Emergency contacts MUST be filled out★

Emergency Contact #1 \_\_\_\_\_ Daytime phone \_\_\_\_\_ Home phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact # 2 \_\_\_\_\_ Daytime phone \_\_\_\_\_ Home phone \_\_\_\_\_ Relationship \_\_\_\_\_

Does the Youth Center, Inc. qualified personnel have permission to administer first aid treatment? \_\_\_\_\_Yes  
\_\_\_\_\_No

I give my permission for \_\_\_\_\_ to attend Cool Critters Camp facilitated by Youth Center, Inc.

I give my permission for the Youth Center/news media to photograph/video/interview my child. It is my understanding that this photograph/video/interview or portions thereof will be used for public view. I agree to these forms of media without financial remuneration, and I understand that this releases the Youth Center photographer/interviewer from any future claims, as well as from any liability, arising from the use of the said photograph/video/interview.

I understand that participation entails physical activities and is done at the individual's own risk. I understand that health and accident insurance coverage for my child is my responsibility as a parent/guardian. I will not hold the Youth Center, Inc. or its representatives, staff, board of directors liable for any injury incurred by my child. In an emergency, I hereby give permission to the physician selected by the Youth Center's Executive Director or designee to hospitalize, secure proper treatment for, and to order injection and or anesthesia and or surgery for my child as named above if I cannot be contacted.

. Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to Youth Center Inc. PO Box 461, 20 East Street, Adams, MA 01220 or email [sonia@youthcenterinc.org](mailto:sonia@youthcenterinc.org)