

2011 COOL TOTS REGISTRATION FORM

Child's Name: _____ Date of Birth: _____ Age: _____

Mother's Name: _____ Mother's Work or Cell Phone #: _____

Father's Name: _____ Father's Work or Cell Phone #: _____

Address: _____ Email Address: _____

City (other than Wilton): _____ Zip: _____

Home Phone: _____

Neighbor or Friend's name with phone number if no answer above: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Allergies/ Other Medical Problems: _____

NOTE: ALL INFORMATION ABOUT YOUR CHILD WILL BE HELD IN CONFIDENCE.

Does your child present a special behavioral problem? Explain: _____

Please select and check the appropriate session (s) and times (regular camp hours **OR** extended camp hours) your child will be attending:

Non-Residents add \$10.00 per session.

<u>SESSION</u>	<u>\$165.00 PER SESSION</u>	<u>Activity #'s Age 2</u>	<u>Activity #'s Ages 3-6</u>	
Session 1: June 20 to June 24	___ 9:00 AM – 1:00 PM	6006	___ 9:00 AM – 1:00 PM	5998
Session 2: June 27 to July 1	___ 9:00 AM – 1:00 PM	6007	___ 9:00 AM – 1:00 PM	5999
Session 3: July 5 to July 8	___ 9:00 AM – 1:00 PM	6008	___ 9:00 AM – 1:00 PM	6000
* No Camp On 7/4	* 135.00 for 4 days			
Session 4 July 11 to July 15	___ 9:00 AM – 1:00 PM	6009	___ 9:00 AM – 1:00 PM	6001
Session 5 July 18 to July 22	___ 9:00 AM – 1:00 PM	6010	___ 9:00 AM – 1:00 PM	6002
Session 6: July 25 to July 29	___ 9:00 AM – 1:00 PM	6011	___ 9:00 AM – 1:00 PM	6003
Session 7: August 1 to August 5	___ 9:00 AM – 1:00 PM	6012	___ 9:00 AM – 1:00 PM	6004
Session 8: August 8 to August 12	___ 9:00 AM – 1:00 PM	6013	___ 9:00 AM – 1:00 PM	6005
Session 9: August 15 to August 19	___ 9:00 AM – 1:00 PM	6015	___ 9:00 AM – 1:00 PM	6014

PLEASE SIGN AFTER READING THE FOLLOWING

I understand that there are inherent risks and dangers in any and all activities including the one(s) for which I have registered for myself and/or my child/ward. I also understand that there is a heightened risk and danger for myself and/or my child/ward and others by participating in the prescribed activity. Nevertheless, I agree to defend and hold harmless and to indemnify the Town of Wilton, the Wilton Parks and Recreation Department, its members, agents, officers, and employees and any person there within from any and all claims, actions, demands, damages, costs, and loss of services, expenses, including but not limited to attorney fees, and compensation on account of, or in any way growing out of, or arising from, my and/or my child/ward's participation in the designated activities, including but not limited to, negligence claims for bodily injury, sickness, disease or death or property damage of any kind, against any and all of the aforementioned parties, whether or not such, claim, demand, damage, cost, loss or expense is caused in part by a party indemnified hereunder. The execution of this Release is done with my full knowledge and appreciation of the act and its ramifications and is free from coercion of any kind by the Town of Wilton, the Wilton Parks and Recreation Department, their members, agents, officers, and employees. I represent that I have carefully read and understand this Release and that I have entered into this Release knowingly and voluntarily after having had an opportunity to consult with my legal advisors, which I am encouraged to do by the Town of Wilton. I further understand that I am waiving substantial rights by signing this release. I further understand that I and or my child/ward may be photographed for the purpose of promotion or advertising in future brochures, newspapers, newsletters, or in the Town of Wilton website. By signing this release, I am also giving permission to the Town of Wilton to use the photos of me and/or my child/ward for any of the aforesaid purposes.

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Signature of Parent or Guardian: _____

Date: _____