

Southborough Youth & Family Services: Sizzling Summer Scene
Registration Form- Summer 2010

Name of Participant: _____ Male /Female Age: _____ Birth date: _____

Grade entering: _____ Tee shirt size (adult): S M L XL XXL

Address: _____ Parents/Guardians: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Emergency contact (other than above): _____

Name	Relationship to camper	Home #	Cell #
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Session desired: (check all that apply)

___ Session 1 July 12th -July 23rd

___ Session 2 July 26th -August 6th

___ Session 3 August 9th -August 20th

Donation

\$300

\$300

\$300

Medical Information- please complete all items below.

Insurance company: _____ Policy #: _____

Family Physician: _____ Phone: _____

Please list any recent or major illnesses, sensitivities, or allergies (medicines, food, etc).

Are there any physical/emotional limitations we should be aware of? Please specify.

List medications taken during the daytime and their purpose.

Will you need us to administer medications during the camp day? Please give instructions.

Participant's swimming ability: Beginner___ Intermediate___ Advanced___

Has your child had swimming lessons? _____

I agree not to hold Southborough Youth & Family Services, the Town of Southborough, the owners of the premises where the program is held, or any parties connected with the program responsible for any injury or accidents that may occur during the period that the above named participant is enrolled in the program

Parent/Guardian signature _____

Send your donation with this completed form to:

Sarah Cassell

Southborough Youth and Family Services,
17 Common Street Southborough, MA 01772

Checks payable to:

Friends of the Southborough Youth Commission

Call Sarah at 508-481-5676 x2 with any questions about this program.

Scholarships are available, please call.