Southborough Youth & Family Services: Sizzling Summer Scene Registration Form- Summer 2011

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 p	ohone:		
Emergency contact (c	other than above):					
Name	Relationship to camper	Ho	me #		Cell #	
Session desired: (check all that apply)		<u>Dona</u>	<u>tion</u>			
Session 1 July 11 th –July 22 nd		\$32	25			
Session 2 July 2	25 th -August 5 th	\$32	25			
Session 3 Augu	st 8 th -August 19 th	\$32	25			
Medical Information	- please complete all items below.					
Insurance company:		Policy #:				
Family Physician:]				
Please list any recent	or major illnesses, sensitivities, or	allergies (n	nedicines 	, food, etc).		
Are there any physica	al/emotional limitations we should	be aware of	f? Please	specify.		
List medications take	en during the daytime and their pu	rpose.				
Will you need us to a	dminister medications during the o	camp day?	Please giv	ve instructi	ons.	
-	ing ability: Beginner Intermed wimming lessons?	Ad	vanced_			
premises where the particular accidents that may oc	outhborough Youth & Family Services program is held, or any parties connect occur during the period that the above	ted with the partic	program 1	responsible f	for any injury or	

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.