



REGISTRATION FORM

Crandall's Summer Camp 2015 Registration Form

Parent/ Guardian Name:					Home Phone:		
Address:					Work Phone:		
E-Mail:					Cell Phone:		
Participants Name	Age	DOB	M/F	Crandall Week(s)	Ext. (E) or Reg (F) Day	3 day week days	Total Fee
What Grade will participant be in Fall 2015? ____							
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Amex/Visa/MC #: _____ Exp. date _____							TOTAL
Security Code _____ (found on the back of the card) Cash _____ Check #(s) _____							

Will you need an accommodation because of disability to enjoy this program? Yes No

Explanation: _____

Waiver & Medical Release - I recognize that there are inherent risks in participating in any recreational or sports activity. In consideration of your accepting this entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Tolland or Tolland School District and its representatives, successors and assigns for any and all injuries suffered by myself or my child during participation in the registered activity. In case of an accident occurring during my or my child's participation I hereby grant permission to the Town of Tolland to utilize any emergency medical care it deems necessary to treat an injuries suffered by myself or my child. I agree that pictures of my child may be taken for camp use only. I further understand the Town of Tolland Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Town of Tolland Recreation Department and may be used for publicity or promotional purposes only.

SIGNATURE OF PARENT/GUARDIAN

Date