

Afterschool Program

Winooski Department of Recreation and Community Wellness
32 Malletts Bay Ave · 655-1392 x 21 · nina.ridhibhinyo@gmail.com



PARENT/GUARDIAN INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACT (during program operation hours):

Name _____ Relationship _____ Phone _____

PARTICIPANT INFORMATION:

	Name	Gender	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list any medical conditions, physical limitations or other restrictions of the participant:

Days of care needed: Monday Tuesday Wednesday Thursday Friday

WAIVER & RELEASES (please initial each item and sign):

I am fully aware of the risk inherent and hereby give my consent for the name(s) listed above to participate in the program(s) indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant(s) to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. Furthermore, I certify that there are no limitations for the participant(s) except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Initial here _____

