

WINGS MS Camp Registration (PLEASE FILL OUT BOTH SIDES)

Please mail to: Wings c/o TVES , Rt 100 North, Wilmington, VT 05363

or email Katie Boyd: katieboyd.wings@gmail.com

Child's Name _____

Mailing Address _____

Parent's Name _____

Student's School _____

Grade in 2019-2020 _____

Phone # _____

Cell # _____

Parents email address: _____

Please choose:

☐ Outdoor Adventure Camp at Old School Community Center 12:00-4:00 (if full day is desired please register for Wilmington Rec Program available 8:30-12:00) (Students entering Grade 6, 7, 8 & 9)

☐ Counselor-in-Training program at TVES 12:00-4:00 (ONLY for students ENTERING Grade 8 or 9 in Fall of 2019)

☐ I give permission for Wings staff to apply sunscreen and bug spray if needed

☐ I give permission for photos of my child to be used in print and/or the internet:

☐ I give permission for pertinent information to be shared about my child (allergies, medical conditions, behavior/academic concerns) with the WINGS Director, which will help keep my child's summer camp experience be safe, successful and meaningful. All information will be kept strictly confidential.

☐ I acknowledge that campers will be driven in private vehicles during the afternoon camp. Please initial _____

Pricing Information*: Outdoor Adventure Camp- \$ 15 per day for full day program OR \$50 per week.

Counselor-in-Training Opportunity- \$35 per week (one week minimum)

I am enclosing my check for: _____ amount.

*Please contact Katie at the Wings office to discuss partial scholarships or payment plans: 368-0000 or katieboyd.wings@gmail.com

Healthy breakfast & lunch provided free of charge as part of the Summer Meals Program.

Note: Space is limited- preregistration is encouraged!

Please fill out back side emergency information.

Please make checks out to: Wings Community Programs

Students Name: _____

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the activity described in the registration documents.

In consideration of the permission granted to my child to participate in the above described activity by the School District, I release and hold harmless the School District, Wings Community Programs, the Windham Southwest Supervisory Union and its member Districts, and its and their agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding on my heirs, successors or assigns, that I have read the foregoing and understand its significance and that I have executed this document voluntarily.

In case of accident or illness, I request Wings Community Programs to contact me. If I am unable to be reached, I hereby authorize Wings personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

Parent/Guardian _____

I have signed this form on _____ (date)

Child's Name: _____ Date of Birth: _____

Father/Guardian _____ Work Phone # _____

Place of Employment _____ Cell # _____

Mother/Guardian _____ Work Phone # _____

Place of Employment _____ Cell # _____

Please list two nearby relatives, neighbors, or friends who will assume temporary care of your child if you are unable to be reached.

Name _____ Name _____

Physical Address _____ Physical Address _____

Phone # _____ Phone # _____

Medications taken on a daily basis:

<u>Drug</u>	<u>Dosage</u>	<u>Frequency</u>
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Allergies _____ Asthma? _____

Is your child currently supported by an Aide? _____

Does your child have a health problem, illness, or disability of which we should be aware?

Child's Doctor _____ Phone # _____