

2025 RELEASE FORM

TOWN OF WILMINGTON MIDDLE SCHOOL SUMMER RECREATION PROGRAM HELD AT OLD SCHOOL COMMUNITY CENTER

I, (parent/guardian name) _____, of (town) _____ give permission for my child or children listed below to participate in the Wilmington Summer Recreation Program that includes among other activities, sports activities.

I further acknowledge that sports are inherently dangerous activities which can result in personal injury and property damage even with program personnel supervision and I am subjecting my child to the risk of same. In consideration of my child being permitted to participate in the program, I hereby release and hold harmless the Town of Wilmington, and its employees, officials, volunteers, appointees, agents, and anyone else associated in a formal or informal capacity with the Wilmington Summer Recreation Program from any and all claims arising from personal injuries, illness, death or damage to property resulting from participation in and transportation to and from the Wilmington Summer Recreation Program by my child or children.

My child's participation in the Wilmington Summer Recreation Program, will confirm, absolutely, my agreement to be bound by the terms of this Release for myself and on behalf of my child.

I AM THE PARENT OR LAWFUL GUARDIAN OF THE CHILD OR CHILDREN NAMED BELOW WHO ARE PARTICIPATING IN THE TOWN OF WILMINGTON SUMMER RECREATION PROGRAM:

Child(ren) _____, _____

Date _____ Signed _____

Print parent/guardian name _____

Local address _____

Local phone _____, Email _____

I give permission for my child(ren) _____, _____

to walk home to take the MOOVer home NEITHER

to be picked up by the following people:

Name: _____ **Relation:** _____

Name: _____ **Relation:** _____

Is your child currently supported by an Aide? _____

Does your child have a health problem, illness, or disability of which we should be aware? Please provide as much detail as possible in writing.

Parent/Guardian Signature: _____.

TOWN OF WILMINGTON VERMONT, PO BOX 217, WILMINGTON, VT 05363-0217

IN THE EVENT OF AN EMERGENCY

Primary Contact _____ Relation _____ Local
phone _____ Cell phone _____ Work phone _____

Secondary Contact _____ Relation _____ Local
phone _____ Cell phone _____ Work phone _____

EMERGENCY MEDICAL PERMISSION FORM

In case of a medical emergency and I am unable to be reached, I give permission for Wilmington Summer Recreation Program Personnel to seek medical aid for my child(ren).

CHILD _____ DOB _____

CHILD _____ DOB _____

Parent's signature _____ Date _____

Insurance Information _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Important Medical History, allergies, etc. Please use this space to indicate any concerns or information that would be helpful to us in providing a positive experience for your child.

☐ I give permission for the Camp Coordinator and/or counselors to apply bug spray/sunscreen if needed.

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

☐ I give permission for pictures to be taken of my child and used in brochures, town reports, etc.

Discipline: The Wilmington Summer Recreation Program expects children will behave in an age-appropriate manner. The Wilmington Summer Recreation Program uses a series of progressive disciplinary steps as follows:

1st Incident: Verbal Warning and explanation why behavior was inappropriate

2nd Incident: Timeout; notification to parent or guardian.

3rd Incident: Notification to parent or guardian; child sent home for the day or dismissed from the Program without a refund.

The steps of progressive discipline may be skipped if a child engages in behavior severe enough that endangers the health, safety or welfare of the other Program participants.

Parent/Guardian Signature: _____

Student Signature: _____