

Wethersfield Parks and Recreation Department

Super Athletes Winter Camp December 28 - 30, 2015

This is a great opportunity for your child to increase their fitness level. The exciting three day camp will focus on developing students' flexibility, muscular strength and aerobic endurance. Students will develop these areas by participating in fun and exciting non-competitive activities. The Super Athletes Camp will be taught by Highcrest School Physical Education teacher Mr. Kobelski. Please have your child bring a healthy snack and water.



Grade: K - 6

Dates: December 28 - 30, 2015

Time: 9:00 a.m. – 12:00 p.m.

Cost: \$80.00 Residents / \$100 Non Residents

Location: Highcrest Gym

Wethersfield Parks & Recreation Department Activity Registration Form

Office Use: HH# _____

Submit with payment to: Town of Wethersfield, Parks & Recreation Department, 505 Silas Deane Highway, Wethersfield, CT 06109

HOUSEHOLD CONTACT INFORMATION

Primary Household Name _____ Household Email _____
(First & Last)

Secondary Household Name _____ Emergency Contact _____
(First & Last)

Address _____ Emergency Phone _____ Home Work Cell

City, State, Zip _____ Relationship _____

Home # _____ Work # _____ Cell # _____

PROGRAM REGISTRATION

Participant(s)	Gender	Birthdate <small>(Required)</small>	Grade	Program Name	Program Code	Fee
				Super Athletes Winter Camp	308600-01	\$80 Res./\$100 Non Res.

Special Information (allergies, medical conditions, medications, etc.) _____

WAIVER

I acknowledge that there are certain risks in participating in a recreational activity and agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency medical care on behalf of myself and/or child. (Medical approval is suggested for those participating in any exercise class.) I further agree I will not hold employees of the Town of Wethersfield or its agents liable for any injuries which I and/or my child may encounter. I also grant permission for photographs to be taken of myself and/or child and to be used in department publicity publications, unless otherwise noted in writing. In addition, I acknowledge that all household information provided is true and accurate. The Parks & Recreation Department may request further verification regarding the information provided.

Signature _____ Date _____

Cash Check or Money Order (payable to the Town of Wethersfield) MasterCard (see below) VISA (see below)

Office Use: Date Processed _____ By _____ Amount \$ _____ Cash Check # _____ Credit Card

CREDIT CARD PAYMENTS

I agree to pay the total amount above according to cardholder agreement. Please refer to refund policy in brochure.

Signature _____ Date _____

Credit Card Number _____ - _____ - _____ - _____ Expiration Date ____/____