

Participants Name: _____

All sessions are one week 8:45am – 12:30pm

<input type="checkbox"/>	Session 1	June 20 – June 24	\$265/ \$290
<input type="checkbox"/>	Session 2	June 27 –July 1	\$265/ \$290
<input type="checkbox"/>	Session 3	July 5 – July 8 (no hafaday Mon. July 4)	\$210/ \$230
<input type="checkbox"/>	Session 4	July 11 – July 15	\$265/ \$290
<input type="checkbox"/>	Session 5	July 18 – July 22	\$265/ \$290
<input type="checkbox"/>	Session 6	July 25 – July 29	\$265/ \$290
<input type="checkbox"/>	Session 7	August 1 – August 5	\$265/ \$290
<input type="checkbox"/>	Session 8	August 8 – August 12	\$265/ \$290
<input type="checkbox"/>	Session 9	August 15 – August 19	\$265/ \$290
<input type="checkbox"/>	Session 10	August 22 – August 26	\$265/ \$290

Please list a friend with whom your child would like to be paired with:

Please be aware that we will try our best to put your child with their friends. Sometimes this is not possible due to group numbers and ages.

1. _____

Permission Slip

I the parent/guardian of _____, understand that the Westport Weston Family Y is a non-profit organization which makes its facilities, programs and activities available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. I acknowledge that the Family Y's programs and activities, may involve risks and assume these risks for my child. Further, in consideration of acceptance of my child into the Family Y's programs and activities, I release and agree to hold harmless the Family Y, its officers, directors, employees and staff from any claims of damage or loss (including but not limited to physical injury and property damage.) that may occur as a result of my child's participation in any Family Y-sponsored program or activity. I hereby give the foregoing release on behalf of myself, my child and all family members of either of us, and confirm that I am authorized to do so. I understand that the Family Y does not carry medical/accident insurance, and that I am responsible for any and all charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in Family Y-sponsored activities is conditional upon compliance with all applicable rules and policies established by the Family Y. I further acknowledge that Family Y-sponsored activities and participants may be photographed, filmed or videotaped from time to time, and hereby consent to use my child's picture and likeness for Family Y-related promotional purposes without further consideration.

Signature of Parent/ Guardian

Date



Health / Pickup Authorization Form

Last Name: _____ First Name: _____

Sex: _____ Age: _____ Birthday: _____ Phone #: ____ / _____

Address: _____
Street City State Zip

Father's Name: _____ Day Time Phone #: ____ / _____

Mother's Name: _____ Day Time Phone #: ____ / _____

Please list below three emergency contacts (other than yourself or your spouse) that we could call in the event of an emergency or illness and you cannot be reached. These people must be able to pick up the child within a half hour's notice.

1. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

2. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

3. Name: _____ Relationship: _____

Address: _____ Phone #: ____ / _____

Please identify any medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect the child's functional ability (physically & mentally) to participate safely: _____

Does your child have any allergies? Yes No

If yes please explain: _____

Is this child taking prescription medication on a daily basis for chronic illness/condition?

Yes

No

If yes please explain: _____

As no Hafaday employee of the Westport Weston Family Y is allowed to administer medication, what provisions have you made to meet your child's needs?

Parent or Guardian Authorization for Hospitalization in the Event of an Emergency

This health history is correct so far as I know, and the person named above has permission to participate in all Hafaday summer swim program activities. Except as noted by the examining physician or me. If I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Westport Weston Family Y to hospitalize, secure proper treatment for, and order injections or anesthesia for surgery for the person named above.

Parent/Guardian Signature _____ **Date:** _____

If you have any questions or concerns, please contact the Senior Director of Aquatics and Competitive Swimming. Please return this form to:

Jacquie Tumminia
Work Phone #: 203/226-8981 ext 117
Work Fax #: 203/454-4840
jtumminia@westporty.org