

Participants Name: _____

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

<input type="checkbox"/> Session 1	June 21 – June 25	\$260/ \$285
<input type="checkbox"/> Session 2	June 28 – July 2	\$260/ \$285
<input type="checkbox"/> Session 3	July 5 – July 9	\$260/ \$285
<input type="checkbox"/> Session 4	July 12 – July 16	\$260/ \$285
<input type="checkbox"/> Session 5	July 19 – July 23	\$260/ \$285
<input type="checkbox"/> Session 6	July 26 – July 30	\$260/ \$285
<input type="checkbox"/> Session 7	August 2 – August 6	\$260/ \$285
<input type="checkbox"/> Session 8	August 9 – August 13	\$260/ \$285
<input type="checkbox"/> Session 9	August 16 – August 20	\$260/ \$285

Please list one or two friends 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. _____ 2. _____

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

