



**The SHYC Summer Program**

**Registration, Medical and Waiver Forms**  
*please fill out one form for each child participating in the program*

Child's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(cell) \_\_\_\_\_ (other) \_\_\_\_\_

E-mail: \_\_\_\_\_

Check the session that you are signing your child up for.  
Please mail, fax or drop off your registration form to Lauren O'Loughlin (fax number 535-9810)  
Full payment for all classes is required at sign up - no refunds.

		\$25 Morning	\$35 Afternoon
Week 1	6/28 - 7/2		
Week 2	7/5 - 7/9		
Week 3	7/12 - 7/16		
Week 4	7/19 - 7/23		
Week 5	7/26 - 7/30		
Week 6	8/2 - 8/6		
Week 7	8/9 - 8/13		
Week 8	8/16 - 8/20		

<b>TOTAL COST</b>
(morning session - \$25 x # of weeks) = _____
(afternoon session - \$35 x # of weeks) = _____
<b>TOTAL COST = _____</b>

**Medical/Emergency Information**

Medical Concerns and/or Conditions: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_ Town \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Name of Insured \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

# WAIVER FORM

The SHYC is sponsoring a summer program for children and grandchildren of members. Instructors are employed by the SHYC. The SHYC main building will be used in implementing this program.

I understand that injuries may occur as the result of weather or other natural causes, as the result of the actions of other participants in the program, or as the result of the actions of the Instructors or other volunteers by reason of their negligence or other causes. I understand that these risks are inherent in any program. I further understand that there may not be medical facilities or professional medical personnel present during the conduct of a program.

In consideration for my acceptance as a participant in a Program provided by the SHYC, and the services, facilities and equipment provided by the SHYC, I confirm my understanding that:

- I have read and I am familiar with the rules and conditions applicable to my participation in a Program and I understand that my participation is at the discretion of the Instructor.
- The Program begins and ends at locations designated by the SHYC, and does not include carpooling or transportation to or from such locations, and that I am responsible for transportation and that I am personally responsible for all transportation risks.
- I agree to waive and discharge claims, and release from liability, the SHYC, and their officers, trustees, directors, employees, agents, volunteers and Instructors in any way connected with the Program (collectively the "Program Providers"). I further agree to hold harmless the Program Providers from any claims, damages, injuries or losses caused by my own negligence or by the Program Providers. I understand and intend that this assumption of risk and release will be binding upon my heirs and successors.
- This Waiver Form is intended to be as broad and inclusive as permitted by law. If any provision or any part of any provision of this Waiver Form is held to be involved or legally unenforceable for any reason, the other provisions of this Waiver Form will not be affected and will continue to be binding.
- I agree to allow photographs or videotapes to be taken of my child(ren) for use in a variety of publicity and promotional materials.

I have read this Waiver Form and I freely and voluntarily assume all risks of Injury and freely agree to participate in the Program.

Name of Participant and Parent/Guardian (please print) \_\_\_\_\_  
\_\_\_\_\_

Age of Participant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_