

Southborough Youth & Family Services: Sizzling Summer Scene
Registration Form- Summer 2009

Name of Participant: _____ Male /Female Birth Date: _____

Grade entering: _____ Tee shirt size (adult): S ___ M ___ L ___ XL ___ XXL ___

Address: _____ Parents/Guardians: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Emergency contact (other than above): _____

Name	Relationship to camper	Home #	Cell #
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Session desired: (check all that apply)

___ Session 1 July 13th-July 24th

___ Session 2 July 27-August 7th

___ Session 3 August 10th-August 21st

Donation

\$300

\$300

\$300

Medical Information- please complete all items below.

Insurance company: _____ Policy #: _____

Family Physician: _____ Phone: _____

Please list any recent or major illnesses, sensitivities, or allergies (medicines, food, etc).

Are there any physical/emotional limitations we should be aware of? Please specify.

List medications taken during the daytime and their purpose.

Will you need us to administer medications during the camp day? Please give instructions.

Participant's swimming ability: Beginner ___ Intermediate ___ Advanced ___

Has your child had swimming lessons? _____

I agree not to hold Southborough Youth & Family Services, the Town of Southborough, the owners of the premises where the program is held, or any parties connected with the program for any injury or accidents that may occur during the period that the above named participant is enrolled in the program

Parent/Guardian signature _____

Send your donation with this completed form to:

Sarah Cassell

Southborough Youth and Family Services,
17 Common Street Southborough, MA 01772

Call Sarah at 508-481-5676 x2 with any questions about this program.
Scholarships are available.

Checks payable to: Friends of the Southborough Youth
Commission