

**SANDWICH CONSERVATION COMMISSION  
5 DAYS OF SANDWICH REGISTRATION**

**SESSIONS: (Circle One)**

**Fee:** \$40.00 per session and is due upon registering

<b>Session I:</b> (Ages 7-10)	July 3 – July 7, 2017	9:00 A.M. – 3:00 P.M.
<b>Session II:</b> (Ages 7-10)	July 10 – July 14, 2017	9:00 A.M. – 3:00 P.M.
<b>Session III:</b> (Ages 10-14)	July 17 – July 21, 2017	8:00 A.M. – 4:00 P.M.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Ph # \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY INFO.** (In case parent cannot be reached)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Ph # \_\_\_\_\_

Medical Conditions and Treatments, if any: \_\_\_\_\_

\_\_\_\_\_

The health history is correct to the best of my knowledge and the person named above has permission to take part in all prescribed activities. In case of an accident, I give permission to the Director or his Assistant to administer first aid. In the event that the Parents/Guardians or person named above cannot be reached in case of an emergency, I hereby give permission to the Emergency Medical Technicians or attending physicians to treat, hospitalize, administer anesthesia, order injections or surgery for the safety of my/our child.

**Informed Consent:**

Having been informed of this 5 Days of Sandwich program for boys and girls, I/We the parents give my/our permission to my/our child to participate in any and all activities. I/We do assume all the risks and hazards incidental to the conduct of these activities or any persons transporting my/our child to and from the activities.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please list below those adults who are allowed to pick up your child after camp each day. Please PRINT CLEARLY. Thank you.

\_\_\_\_\_  
\_\_\_\_\_