



Winding Trails Vacation Day Camp
 50 Winding Trails Drive, Farmington, CT 06032
 Phone: 860-677-8458 Fax: 860-676-9407
 www.windingtrails.org

2014

Camper Information										
Camper Last Name:		Camper First Name:			Age:	Sex:	Date of Birth:		Entering Grade Fall 2014:	
Camper Last Name:		Camper First Name:			Age:	Sex:	Date of Birth:		Entering Grade Fall 2014:	
Camper Last Name:		Camper First Name:			Age:	Sex:	Date of Birth:		Entering Grade Fall 2014:	
Address:					Town:		State:		Zip:	
1 st Parent Name:					Home #:			Mobile #:		
2 nd Parent Name:					Home #:			Mobile #:		
Email Address:										
Emergency Contact:						Phone #				
Camp Sessions and Days										
Winter Session February 17 – February 21					Spring Session April 14 – April 18					
M	T	W	Th	F	M	T	W	Th	F	
Transportation										
AM Parent or Early Drop Off:										
PM Parent or Late Pick Up:										
List the names of all people to whom Winding Trails may release your child. <input type="checkbox"/> Check here if both parents may release camper.										
Medical Information										
The Health History form (completed by the parent or guardian), must be completed WITH the registration form. Physical examination form (proof of physical exam within THREE years) is not required at time of registration. However, it must be on file ONE WEEK prior to your child's attendance at camp. Children without these two forms completed will not be allowed at camp.										
Payment Information										
Member Fee: \$225 (or \$50 per day)			NonMember Fee: \$250 (or \$55 per day)			Early or Late Program: \$20 (or \$5 per day)				
Payment Method		___ Check / Money Order			___ Cash			___ Credit Card / Debit Card		
Account Number:							Expiration Date:			
Signature (required):					<i>Credit/Debit Cards will automatically be processed on due date(s).</i>					

I have read the brochure including registration and refund policies and hereby give my child permission to participate in all camp activities. I also understand current medical information must be on file prior to the start of the camp session. I recognize that there are risks of injury involved in my children participating in camp activities conducted at Winding Trails, Inc. Therefore, in consideration of my children participating in such activities, I do hereby, on behalf of myself and all members of my immediate family, indemnify and hold harmless Winding Trails, Inc. and its employees and agents from all liability with respect to an injury received by me or any children arising from such activities, unless such loss, damage, or injury results from the reckless, willful, or wanton misconduct of Winding Trails, Inc., its employees or agents.

Signed _____ Date _____