



Wilmington Recreation Department  
**Summer Playground Program**  
*at the Shawsheen School*  
**Registration 2020**

☐ \$200.00

Date: \_\_\_\_\_

☐ T Shirt \_\_\_\_\_

Office Use Only

**Please bring this completed form to the Wilmington Recreation Office.**

This program is for **Wilmington residents only**.

**Walk-in registration only.** No online, overnight or mailed registrations.

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex ☐ M ☐ F

Address \_\_\_\_\_

Grade in Fall 2020 \_\_\_\_\_ School \_\_\_\_\_

Shirt Size: ☐ YM ☐ YL ☐ YXL ☐ AS ☐ AM ☐ AL (Please choose size carefully as we cannot exchange shirts)

What activities does your child enjoy? \_\_\_\_\_

Does your child have any special needs or health problems that the Playground Leaders should be aware of? ☐ No ☐ Yes

\_\_\_\_\_ ☐ Epipen

Are there any other special circumstances that the staff should be aware of? ☐ No ☐ Yes If yes, Please explain: \_\_\_\_\_

During the program, photos of children participating in various activities may be taken for our files or publicity:

☐ I do ☐ I do not

want my child to participate in any photos (primarily our new Facebook page).

☐ I do ☐ I do not

want my child's picture and/or name used in any publicity releases.

First Aid: ☐ I do ☐ I do not

give permission to Playground Staff to administer first aid to my child.

(This includes cleaning injuries with water and soap, applying bandages and administering ice packs. Parents will be kept informed of any treatments.)

**Please check one of the following:**

☐ My child is a walker and can leave the program at the conclusion of each day without an adult.

☐ My child will be picked up by a parent or responsible adult at the conclusion of each day.

In case of emergency, please notify: (Other than parent/guardian below)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

I hereby grant permission for my child to participate in the Playground Program, sponsored by the Town of Wilmington, Recreation Department, and I hereby release the Town of Wilmington, its agents, servants and employees from any liability and responsibility which may arise from an accident or injury caused by the negligence of the participant. Falsification of this release shall be construed to relieve the selectmen, their agents, servants and employees from any liability as set forth above.

I understand that supervision is provided only during the hours of operation whether or not staff members are on the premises before or after the program.

I understand that no child should leave the premises during the Playground Program without written permission or in the company of their parent/guardian. If a child leaves the playground premises for any reason, an adult must accompany them upon their return. I understand that my child is expected to adhere to the rules regarding leaving the premises without adult supervision and that the Playground Program assumes no responsibility for children once they have left the premises.

**I understand that registration refunds cannot be given.** I also understand that there will be basic playground rules and behavior expectations that my child **must** adhere to while participating in the program, or my child may be dismissed from the program with no refund.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

Name \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I have read and understand the Playground 2020 Information Sheet

\_\_\_\_\_  
Please Initial