

Friendly House, Inc
 Ph. 508-755-4362
 Fx. 508-793-7800
fhprograms@charterinternet.com



Pick-up Location: _____

FOR OFFICE USE ONLY
 FAMILY USE / CHILD USE

Wheels to Water Summer 2010 July 6 – August 15 REGISTRATION FORM	SWIM ONLY <input type="checkbox"/>	REC ONLY <input type="checkbox"/>	BOTH <input type="checkbox"/>
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Child's Name	Date of Birth		M	F
			Sex	
Child's Name	Date of Birth		M	F
			Sex	
Childs Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name			
()	()	()	()	
Home Phone	Work Phone	Home Phone	Work Phone	
Address (Include Apartment #)	Address (Include Apartment #)			
City, State, Zip Code	City, State, Zip Code			

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact			
()	()	()	()	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone	
Address	Address			
City, State, Zip Code	City, State, Zip Code			

Allergies/Special Health Considerations – Please list any and all allergies to food or medications.

Daily Items for Participants: backpack, water bottle, swim suit, towel, sunscreen, change of clothes.

It is not recommended that the participant bring any electronic devices such as cell phones, iPods, mp3 players, headphones etc.

By signing this form I, parent/ legal guardian of registered participant, hereby understand that: **1.** my child is a participant in the Wheels to Water Program, **2.** my child is between the ages of 7 and 17, **3.** my child must remain at the pool/recreation site at all times if they are utilizing Wheels to Water transportation, **4.** my child must be picked up at specified drop-off site unless he/she is granted permission to walk home from the drop-off site, **5.** my child may be removed from the Wheels to Water Program for misbehavior, **6.** all required information being provided in this registration form is both accurate and true, **7.** I must provide and keep current all emergency contact information regarding my child, **8.** Wheels to Water and its affiliated partner agencies are not responsible for lost or stolen items.

 Signature of Parent/Guardian _____
Date

I give permission for my son(s)/ daughter(s) to walk home from the Wheels to Water drop-off site.

 Signature of Parent/Guardian _____
Date

MY CHILD IS NOT TO BE PHOTOGRAPHED FOR ANY PURPOSE FOR THE DURATION OF THE WHEELS TO WATER PROGRAM

Please mail to: Friendly House • 36 Wall Street • Worcester, MA 01604