

Friendly House, Inc  
 Ph. 508-755-4362  
 Fx. 508-793-7800  
[fhprograms@charterinternet.com](mailto:fhprograms@charterinternet.com)



Pick-up Location: \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 FAMILY USE / CHILD USE

<b>Wheels to Water Summer 2010</b> <b>July 6 – August 15</b> <b>REGISTRATION FORM</b>	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**