

LINCOLN SPORTS, Inc.
2021 SUMMER RECREATION PROGRAM

REGISTRATION: Register online at <https://bristolvt.myrec.com> or send registration and medical forms with a check for registration fee(s) to Bristol Recreation Department, P.O. Box 249, Bristol, VT 05443. Registration is on a first come, first served basis. **Maximum 20 children per session.** A separate form must be completed for each child. Camp runs each day from 9:00 am to 3:00 pm. Check week(s) your child will be attending.

	<input checked="" type="checkbox"/>	Week 1	Fee
Going into grades 1 & 2	<input type="checkbox"/>	June 28 – July 2	\$165
Going into grades 2, 3 & 4	<input type="checkbox"/>	July 5 – July 9	\$165
Going into grades 3, 4 & 5	<input type="checkbox"/>	July 12 – July 16	\$165
Going into grades 4, 5 & 6	<input type="checkbox"/>	July 19 – July 23	\$165
Going into grades 5, 6 & 7	<input type="checkbox"/>	July 26 – July 30	\$165
Going into grades 6, 7 & 8	<input type="checkbox"/>	August 2 - August 6	\$165

Fee: per week fees are listed above. We will only be accepting reservations for full weeks (no partial payments for partial weeks and no combining of days from weeks to make one full week). Scholarships are available. Please fill out the scholarship application and return to address on form. Are you able to help another family afford camp? Donations go directly to making this happen for another child. Donation amount: _____

CHILD'S NAME: _____ AGE: _____

PARENT E-MAIL (only if it is a regularly checked account): _____

PARENT'S NAME(S): _____

STREET (911) ADDRESS: _____

MAIL ADDRESS (if different): _____

TOWN: _____ STATE: _____ ZIP: _____

PHONE: _____
 HOME WORK CELL

LINCOLN SPORTS, INC SUMMER RECREATION PROGRAM RELEASE FORM

I, _____, hereby give permission for my child _____ to participate in the Lincoln Sports 2021 Summer Recreation Program. I assume all risks and hazards that may be associated with participation in this program. I understand that Lincoln Sports, Inc. assumes no financial liability for injuries received during this program. I hereby waive, release, absolve indemnify and agree to hold harmless Lincoln Sports, Inc., its Board of Directors, and its paid and volunteer staff from any claim arising out of injury during participation. I understand that I am fully responsible for my child on his/her way to and from the program. I have read, understand and agree to the above release.

Date: _____ Signature: _____

LINCOLN SPORTS, INC.
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Medical Information Form

This form must be completed and submitted before your child can participate in the program.

Child's Name: _____

Date of Birth: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

PLEASE CHECK ONE: ___ WE DO HAVE MEDICAL INSURANCE

 ___ WE DO NOT HAVE MEDICAL INSURANCE

Company: _____ Policy Number: _____

Family Doctor: _____ Telephone: _____

In the event of emergency, we prefer treatment at _____ hospital.

Known medical conditions:

___ Asthma ___ Fainting ___ Epilepsy Other _____

___ Diabetes ___ Heart Trouble ___ Convulsions

___ Allergies _____

Date of last tetanus shot: _____ Date of last physical exam: _____

Reactions to medicines: _____

Other vital information: _____

PARENT AUTHORIZATION

This health history is correct to the best of my knowledge. The child above has my permission to participate in all activities except as noted. In the event that none of the above named contacts can be reached, and only in the event of an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injects, or surgery essential to the well-being of my child.

Signature: _____ Date: _____