



West Springfield Park & Recreation Department
PARTICIPANT PROFILE REGISTRATION FORM ~ 2025



Proof of Age/Residency Required for First Time Participants

Child's Name: _____ DOB: _____ Age: _____ Gender: _____ Grade Entering in Sept 2025: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Primary Contact Phone #: _____ Primary Contact Email: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____
Identifying Marks or Moles: _____ T-Shirt Size: Youth: ___YS___YM___YL Adult: ___S___M___L___XL___XXL

IF POSSIBLE, I request my child to be placed in same group as (APPLIES TO CENTRUM ONLY): _____

PARENTS/GUARDIANS

#1 Parent/Guardian Name: _____ Place Employed: _____
Primary Phone #: _____ Secondary Phone #: _____ Work Phone #: _____
Home Address: _____ Email: _____

#2 Parent/Guardian Name: _____ Place Employed: _____
Primary Phone #: _____ Secondary Phone #: _____ Work Phone #: _____
Home Address: _____ Email: _____

EMERGENCY INFORMATION

Two People to Contact if Parent(s)/Guardian(s) Cannot be Reached ~ Note: These must be local contacts and it must be someone other than the parent(s) or guardian(s).

#1 Emergency Contact Name: _____ Address: _____
Primary Phone #: _____ Secondary Phone #: _____ Work Phone #: _____
Emergency Contact #1 Relationship to Participant: _____

#2 Emergency Contact Name: _____ Address: _____
Primary Phone #: _____ Secondary Phone #: _____ Work Phone #: _____
Emergency Contact #2 Relationship to Participant: _____

- Person(s) Authorized to Pick Up Child (Please include first and last names): _____
Person(s) NOT Authorized to Pick Up Child*: *(certified copies of court order must be provided) _____

MEDICAL INFORMATION

Allergies _____ Yes _____ No Any unusual fears _____ Yes _____ No Withdrawn/Shy _____ Yes _____ No
Seizures _____ Yes _____ No Easily Upset _____ Yes _____ No Hyperactive _____ Yes _____ No
Chronic conditions/illnesses _____ Yes _____ No Physically Aggressive _____ Yes _____ No
Physical limitations/restrictions _____ Yes _____ No Dietary Restrictions _____ Yes _____ No
Other _____ Yes _____ No Explain any "Yes" answers: _____

Special Instructions and/or information that an instructor needs to be aware of: _____

MEDICATIONS: (Please list all medications)

Table with 4 columns: Name of Medication, Dosage, Reason, Medication taken WHILE at Camp? (YES/NO)

Child's Physician: _____ Business Phone: _____ Parent/Guardian Signature: _____

TREATMENT CONSENT: I give permission for any emergency treatment, hospitalization, or surgery deemed necessary on my child, including the administration of anesthesia or injection:

IMMUNIZATIONS: Complete Record MUST be attached in order to attend any program! RECORDS ATTACHED
(For each child enrolled, programs must maintain on file a physician's, nurse practitioner's, or physician's assistant's certification that the child has been successfully immunized in accordance with the current DPH's recommended schedules.)

PLEASE TURN OVER

Registrations Begin at 8:00AM:
R = March 22nd ~ NR = April 22nd

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Child's Name: _____

- ◆ **SWIMMING ABILITY:** (Applies to: Tiny Tots/Centrum/S.T.E.P. ONLY) _____ **NOT ALLOWED** – prohibited from swimming while at camp, SPLASH PAD ONLY
 _____ **Non-Swimmer** – cannot swim in water above the shoulders; _____ **Intermediate** – cannot swim in the deep end; _____ **Swimmer** – can access entire pool
Tiny Tots/Centrum/S.T.E.P.: For the safety of your child, a swim test will be given by lifeguard staff the first day of a camp session to determine your child's swimming ability and the designated location issued by lifeguard will remain the same for duration of any upcoming weeks.
- ◆ **MEDIA CONSENT:** I hereby give my permission without restriction to the Town of West Springfield and its assignees to photograph or videotape my child during participation in Summer Programs/Activities. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for Town Programs/Activities. _____ **Parent/Guardian Initials** _____ **Yes** _____ **NO**
- ◆ **SUNSCREEN CONSENT:** I hereby give my permission without restriction to the Town of West Springfield and its assignees to assist my child, if necessary, to reapply sunscreen during participation in Town Programs/Activities. _____ **Parent/Guardian Initials** _____ **Yes** _____ **NO**

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in West Springfield Park and Recreation Department programs/activities (hereinafter the "Program") I, the undersigned, on behalf of the participant listed above (hereinafter "Participant"), and for myself, my heirs, personal and/or legal representatives, next of kin, and assigns (hereinafter collectively referred to as "I" or "ME"), hereby:

1. RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Town of West Springfield, its agents, servants, employees, officials, volunteers, contractors, representatives (hereinafter the "Town") from any and all liability, claims, demands, actions, suits, loss and causes of action whatsoever arising out of or related to any loss, damage, or injury, including, but not limited to, death, illness, injury and/or disease of any kind, and including but not limited to any death, illness, injury and/or disease in any way related to or arising out of the novel coronavirus (COVID-19), that may be sustained by the Participant and/or arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
2. INDEMNIFY, SAVE and HOLD HARMLESS the Town from any and all liability, claims, demands, actions, suits, loss, and causes of action and any cost it may incur, including court costs and attorneys' fees, arising out of or related to the Participant's participation in the Program, regardless of whether they arise in tort, contract, strict liability, or other legal theory.
3. ACKNOWLEDGE that the Participant's participation in the Program may be dangerous and may involve the risk of serious injury and/or illness, including COVID-19, and/or death and CONSENT to the Participant's voluntary participation and ASSUME full responsibility for any risk of loss, death, illness, injury and/or disease which I and/or the Participant may sustain arising out of or related to the Program whether known or unknown and whether caused by the negligence of the Town or otherwise.
4. AGREE that this Release and Waiver of Liability and Indemnity Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts and that, in the event any portion of this document is deemed unlawful or unenforceable, said portion shall be severable and the balance of the terms shall continue in full legal force and effect.
5. AGREE that I, the undersigned, am the parent or legal guardian of the Participant. I hereby execute this Release and Waiver of Liability and Indemnity Agreement on the Participant's behalf. I understand that by executing this agreement on behalf of the Participant, I am binding the Participant and ME to the terms of this Release and Waiver of Liability and Indemnity Agreement.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHTS AND THE RIGHTS OF THE PARTICIPANT BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Participant Printed Name

Fees: (R = West Springfield Resident, NR = Non-Resident)

_____ TINY TOTS (Ages 4-5)		
_____ CENTRUM (Ages 6-12)		
_____ S.T.E.P. (Ages 13-15)		
Week 1		
_____ June 23 – June 27	_____ \$130R	_____ \$185NR
_____ PRE	_____ \$35R/NR	_____ POST \$35R/NR
Week 2		
_____ June 30 – July 3 (No 7/4)	_____ \$110R	_____ \$155NR
_____ PRE	_____ \$30R/NR	_____ POST \$30R/NR
Week 3		
_____ July 7 – July 11	_____ \$130R	_____ \$185NR
_____ PRE	_____ \$35R/NR	_____ POST \$35R/NR
Week 4		
_____ July 14 – July 18	_____ \$130R	_____ \$185NR
_____ PRE	_____ \$35R/NR	_____ POST \$35R/NR
Week 5		
_____ July 21 – July 25	_____ \$130R	_____ \$185NR
_____ PRE	_____ \$35R/NR	_____ POST \$35R/NR
Week 6		
_____ July 28 – August 1	_____ \$130R	_____ \$185NR
_____ PRE	_____ \$35R/NR	_____ POST \$35R/NR

ADVENTURE QUESTS		
Art Explosion ~ June 23 – June 27		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$50R	_____ \$70NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$130R	_____ \$185NR
Party in the USA ~ June 30 – July 3 (No 7/4)		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$40R	_____ \$60NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$110R	_____ \$155NR
Ocean/Pirates ~ July 7 – July 11		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$50R	_____ \$70NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$130R	_____ \$185NR
Carnival/Circus ~ July 14 – July 18		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$50R	_____ \$70NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$130R	_____ \$185NR
Nature/Camping Adventures ~ July 21 – July 25		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$50R	_____ \$70NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$130R	_____ \$185NR
LEGO ~ July 28 – August 1		
_____ ½ Day (9:00AM – 11:30AM)	_____ \$50R	_____ \$70NR
_____ Full Day (9:00AM – 4:00PM)	_____ \$130R	_____ \$185NR
FULL S.T.E.A.M. AHEAD		
_____ August 4 - August 8	_____ \$130R	_____ \$185NR
_____ August 11 - August 15	_____ \$130R	_____ \$185NR

SPORTS CAMPS & CLINICS		
Track & Field Clinic		
_____ June 16 - June 20	_____ \$60R	_____ \$70NR
Stars & Spikes Volleyball Camp		
_____ June 23 - June 27	_____ \$130R	_____ \$185NR
Hoop Mania Basketball Camp		
_____ July 7 - July 11	_____ \$130R	_____ \$185NR
_____ July 14 - July 18	_____ \$130R	_____ \$185NR
Kicks & Dribbles Soccer Camp		
_____ July 21 - July 25	_____ \$130R	_____ \$185NR
_____ July 28 - August 1	_____ \$130R	_____ \$185NR
Field Hockey Clinic		
_____ August 11-August 14	_____ \$60R	_____ \$70NR
JUNIOR POLICE ACADEMY		
_____ August 4-August 8	_____ \$130R	_____ \$185NR
JUNIOR FIRE ACADEMY		
_____ August 11-August 15	_____ \$130R	_____ \$185NR

Send paperwork & payment to:
 West Springfield Park & Recreation Dept.
 26 Central St. – Suite 19
 West Springfield, MA 01089
 Email: parkandrec@tows.org
 Phone: (413) 263-3284
Checks Payable: "Town of West Springfield"

WEST SPRINGFIELD PARK AND RECREATION

Massachusetts Immunization Information System

**Immunization Records from your physician's office are REQUIRED!
Request your print out NOW!**

Name:

Birth Date:

Age:

Gender:

Vaccine Group	#	Vaccine	Date
Hepatitis B	1		
	2		
	3		
Diphtheria Tetanus Pertussis	1		
	2		
	3		
	4		
	5		
	6		
	7		
Hib	1		
	2		
	3		
	4		
Poliomyelitis	1		
	2		
	3		
	4		
	5		
Pneumococcal Conjugate	1		
	2		
	3		
	4		
Rotavirus	1		
	2		
	3		

Vaccine Group	#	Vaccine	Date
Measles Mumps Rubella	1		
	2		
Varicella	1		
	2		
Meningococcal	1		
	2		
Meningococcal B	1		
	2		
	3		
Influenza	1		
	2		
	3		
	4		
Influenza-H1N1	1		
	2		
	3		
	4		
Pneumococcal Polysaccharide	1		
	2		
Hepatitis A	1		
	2		
Human Papilloma Virus	1		
	2		
	3		
Recombinant Zoster Vaccine (RZV)	1		
	2		
Zoster Vaccine Live (ZVL)	1		
COVID-19 Vaccine	1		
	2		
	3		
	4		

SAMPLE

Other vaccine(s):

School Exemption(s):

Serologic Proof Of Immunity:

Chickenpox (Varicella) history:

I certify that this certificate was created from the immunization records of the above-named individual.

Doctor or nurse's name (please print):

Date:

Facility Name:

Signature: