

**Woodstock Academy
Summer Athletic Enrichment Registration 2009**

Name _____ Age _____

Address _____ Zip _____

Home Phone _____ Cell _____ Work _____

Parent/Guardian's Name _____

Other Emergency Contact's Name _____ Phone _____

Does your child have medical needs/conditions that the staff should be aware of? If yes, please explain _____

My child will be attending the following clinics (please check all that apply)

Basketball (June 29) _____ Volleyball (June 29) _____ Lacrosse (July 6) _____

Leadership (July 13) _____ Gymnastic (July 13) _____ Leadership (July 20) _____

Tennis (July 27) _____ Volleyball (Aug. 3) _____ Girls Soccer (Aug.10) _____

Boys Soccer (Aug 17) _____

I give my approval and consent to the participation of my child in the program of the Woodstock Academy Summer Athletic Enrichment program. I am aware of the risks and hazards incidental to such participation and I certify that my child is physically fit to take part in all activities. I will not hold the Woodstock Academy staff, authorities, or program responsible in case of accident or injury as a result of his/her participation, and I understand that I am responsible for any medical expenses that may result from his/ her participation. I pledge his/her compliance to any and all program rules and understand that he/she could be dismissed from the program for any conduct not in the best interests of the program and that no part of his/her registration fee will be refunded.

Parent/Guardian Signature _____ Date _____

Please make checks payable to: **Woodstock Academy** and mail to : Summer Athletic Enrichment, Woodstock Academy 57 Academy Rd. Woodstock CT 06281

Questions : Please email Ann Rathbone at arathbone@woodstockacademy.org