



## Registration Form - 2025

### CCF – Get Connected Summer Camp @ WMS (Gr. 6-8)

Please fill out and return the registration form to the main office at Hamlet and Villa Nova by Friday, **June 13, 2025**.  
Get Connected 2025 is offered at NO COST to all families. Get Connected will be held at Villa Nova Middle School.  
Breakfast and lunch will be provided.

Student Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Grade Entering in Fall 2025 \_\_\_\_\_

Please check all that apply:

American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Black/African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_

Special Ed. \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ ESL \_\_\_\_\_ Free/Reduced Lunch \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

Other persons allowed to pick up child:

Name/Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Total Number of Household Members: \_\_\_\_\_

No. of Adults \_\_\_\_\_ No. of Children \_\_\_\_\_ (Including child listed on this registration form.)

Please list any allergies/medical conditions that may affect your child's participation in the program.

You **MUST** inform Chillin' & Skillin' staff if your child requires an EpiPen or inhaler.

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Do you give your child permission to walk home?

\_\_\_\_ Yes

\_\_\_\_ No

Parent/Guardian Signature \_\_\_\_\_

**To complete the registration form, please read CCF – Get Connected Summer Camp @ WMS Agreement and sign below.**

I understand that CCF – Get Connected Summer Camp @ WMS provides various recreational activities including local walking trips. In registering my child for this program. I agree to his/her participation in the trip activities, which may include one or more groups or the whole program.

I agree that my child is responsible for his/her behavior at all times. If, in the view of the proper authorities of the CCF - Get Connected Summer Camp @ WMS my child becomes involved in behavior that presents a danger to him/herself and/or others, appropriate steps shall be taken to protect all participants of the CCF - Get Connected Summer Camp @ WMS, including removal of my child from the CCF - Get Connected Summer Camp @ WMS.

I also give permission to use any and all photographs and/or video/audios of my child obtained while attending and/or participating in the CCF - Get Connected Summer Camp @ WMS. These items become property of the CCF - Get Connected Summer Camp @ WMS and they shall have the right to duplicate, reproduce, and make other uses when the opportunities arise to provide positive information and publicity for programs sponsored by the participating agencies. In addition, I give CCF permission to have access to my child's grades and state standardized tests from the Woonsocket Education Department.

I acknowledge the fact that this program or activity may/or does involve physical contact or other conditions where injuries may occur. I hereby assume for myself and for my child, all liabilities, risks, injuries and hazards incidental to participation in the CCF - Get Connected Summer Camp @ WMS. If my child requires emergency treatment, I give permission for my child to be transported to the nearest hospital.

I, the undersigned, hereby attest that I am the Parent and/or Legal Guardian of \_\_\_\_\_. By signing below, I give my consent as Legal Guardian for my child to participate in the CCF - Get Connected Summer Camp @ WMS **until 2:00pm** and agree to waive, release and agree to hold harmless CCF, its employees, community partners and the host school for and from any claim, liability, suits, charges or compensation for loss or injury of any kind.

I agree that I have been informed of the details of the agreement and have been provided with a contact number (401-895-1924) for answers to any questions prior to participating in CCF - Get Connected Summer Camp @ WMS.

**Parent/Guardian Name (Please Print)**

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_