**Welch Field Registration**

**Swim Program – 2021**

1.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Swimming Lessons\_\_\_\_\_\_ Open Swim\_\_\_\_\_ Lesson Level\_\_\_\_\_\_\_\_

2.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Swimming Lessons\_\_\_\_\_\_ Open Swim\_\_\_\_\_ Lesson Level\_\_\_\_\_\_\_\_

3.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Swimming Lessons\_\_\_\_\_\_ Open Swim\_\_\_\_\_ Lesson Level\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

1.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Restrictions or Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note that any children in levels 1, 2, or 3 must have a parent/guardian, responsible adult, or babysitter. (at least 13 years old) that can go in the water with them and assist them for swim lessons. \*For “Open Swim,” the parent/guardian, responsible adult or babysitter MUST be at least 18 years old.**

**SWIM LESSON TIMES**

Options: Mondays, Tuesdays, Wednesdays, and Thursdays (10:00-10:25 a.m., 10:30-10:55 a.m., 11:00-11:25 a.m.)

Mondays & Wednesdays (6:15-6:40 p.m.)

\*Level 6 lessons are from 9:15-9:40 a.m. on Mondays & Wednesdays

\*Level 5 lessons are from 9:15-9:40 a.m. on Tuesdays & Thursdays

**SWIM LESSON SESSIONS**

Options: Levels 1, 2, 3, and 4 on Mondays, Tuesdays, Wednesdays, and Thursdays

(June 28th-July 8th, July 12th-July 22nd, July 26th-August 5th, August 9th- August 19th)

Levels 1, 2, 3, and 4 on Mondays & Wednesdays (Evenings)

(June 28th-July 21st & July 26th-August 18th)

Level 6 on Mondays & Wednesdays (Mornings)

(June 28th-July 21st & July 26th-August 18th)

Level 5 on Tuesdays & Thursdays (Mornings)

(June 29th-July 22nd & July 27th-August 19th)

\*In the spaces below, please put your top five choices for your child(ren)’s swim lesson times and sessions. Please note what swim lesson level they will be in this summer. If you do not know what level your child is in, we will determine it through our records. Please note that our records are final in placing participants in their appropriate swim lesson level. However, if a participant’s skills are above the level their slotted to be in, we reserve the right to move them to the appropriate level. Please note that the swim lesson schedule is subject to change.

 1.)\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1.) Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.)\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.) Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.)\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.) Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.)\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4.) Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5.)\_Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*We cannot guarantee that you will get your top choice(s) time(s) and sessions (s), but we will do our best to accommodate you. Classes will be filled on a first come, first serve basis, so turn your child’s registration form in as soon as possible.**

**\*You can turn the forms in by dropping them off at the village window in Eason Hall (Open 8-4:30, Monday-Friday) or by mailing it to the Westfield Recreation Department at 23 Elm St., Westfield, NY 14787. Registration forms will NOT be accepted without payment (except for non-Westfield residents who will be put on a waiting list).**

I hereby release, the Village of Westfield and all persons officially associated with the Westfield Rec. Dept.’s Welch Field summer programs, from all responsibility regarding COVID-19 possible exposure, injury and/or property damage, or loss relating to me, and I authorize medical treatment in case of injury. I give permission to use unnamed photographs of my children for publicity. By signing this document, I am affirming and accepting the responsibilities of the COVID-19 warning instructions posted at the Welch Field facilities.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Parent or Guardian Signature of Parent or Guardian

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**Office Use Only**: Check One: Resident\_\_\_\_\_\_\_\_ Non-Resident \_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Welch Field Registration**

**Field & Drama Programs – 2021**

1.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Field Program\_\_\_\_\_\_ Drama Program\_\_\_\_\_

2.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Field Program\_\_\_\_\_\_ Drama Program\_\_\_\_\_

3.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Age\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Male\_\_\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White\_\_\_\_\_ Hispanic or Latino\_\_\_\_\_ Black or African American\_\_\_\_\_ Asian\_\_\_\_\_ Native Hawaiian or other Pacific Islander\_\_\_\_\_ American Indian or Alaskan Native\_\_\_\_\_ Two or More Races\_\_\_\_\_\_

Field Program\_\_\_\_\_\_ Drama Program\_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

1.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Restrictions or Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note that this summer we are limited to 100 participants for the field program. We are going to separate them into four groups of 25, that will stay constant for the whole summer unless attendance drops, or state guidelines loosen up. We will first take Westfield residents only. Non-Westfield residents will be put on a waiting list. We will also only be taking participants who are entering grades 3rd-8th this fall.**

**\*Full COVID-19 guidelines, as well as our NYS re-opening safety plan can be found on our website at** [**www.westfieldny.com/recreation**](http://www.westfieldny.com/recreation)**. For children to participate this summer, they will need to have their temperatures checked daily (must be less than 100.4 degrees Fahrenheit) before entering the fieldhouse. They will also need to wear face coverings while in the fieldhouse or on the patio, or while participating in outdoor activities that are “non-strenuous” (more info below). If you have any questions about any COVID-19 guidelines or anything else, please call Andrew at 753-6842.**

\*In the space below, please put your first-choice field program session:

either mornings (9 a.m. to 1 p.m.) or afternoons (1 to 5 p.m.)

 First-Choice Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If your first-choice session is already taken, can your child come to the other session (Example: If you want mornings, but the groups are already full, can your child come to the afternoon session)? Please note that if they can only do one session or the other, we may not be able to accommodate them in the program this year.

Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

**\*We cannot guarantee that you will get your top session, but we will do our best to accommodate you. Sessions will be filled on a first come, first serve basis, so turn your child’s registration form in AS SOON AS POSSIBLE.**

**\*You can turn the forms in by dropping them off at the village window in Eason Hall (Open 8-4:30, Monday-Friday) or by mailing it to the Westfield Recreation Department at 23 Elm St., Westfield, NY 14787. Registration forms will NOT be accepted without payment (except for non-Westfield residents who will be put on a waiting list).**

State guidelines allow participants and staff to remove their face coverings while outside participating in “strenuous” activities such as various sports or running around on the playground. Does your child have your permission to remove their face covering while outside participating in “strenuous” activities?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

I hereby release, the Village of Westfield and all persons officially associated with the Westfield Rec. Dept.’s Welch Field summer programs, from all responsibility regarding COVID-19 possible exposure, injury and/or property damage, or loss relating to me, and I authorize medical treatment in case of injury. I give permission to use unnamed photographs of my children for publicity. By signing this document, I am affirming and accepting the responsibilities of the COVID-19 warning instructions posted at the Welch Field facilities.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name of Parent or Guardian Signature of Parent or Guardian

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**Office Use Only**: Check One: Resident\_\_\_\_\_\_\_\_ Non-Resident \_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_