**Welch Field Registration**

**Field, Drama and/or Swimming Programs – 2022**

1.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022-2023 Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_ Swimming Lessons\_\_\_\_\_\_ Swim Team\_\_\_\_\_\_ Open Swim\_\_\_\_\_

2.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022-2023 Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_ Swimming Lessons\_\_\_\_\_\_ Swim Team\_\_\_\_\_\_ Open Swim\_\_\_\_\_

3.) Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2022-2023 Grade Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_ Swimming Lessons\_\_\_\_\_\_ Swim Team\_\_\_\_\_\_ Open Swim\_\_\_\_\_

**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 2nd grade or below must attend programs with a parent/guardian, responsible adult, or babysitter. (at least 13 years old) \*For “Open Swim,” the parent/guardian, responsible adult or babysitter MUST be at least 18 years old. You must be at least in 3rd grade to participate in the drama program.**

**SWIM LESSON TIMES**

Options (For 7-Week Session): Mondays & Wednesdays or Tuesdays & Thursdays (10:00-10:40 a.m. & 10:45-11:25 a.m.)

Mondays & Wednesdays (6:05-6:45 p.m.)

\*Level 6 lessons are from 9:10-9:50 a.m. on Mondays & Wednesdays

\*Level 5 lessons are from 9:10-9:50 a.m. on Tuesdays & Thursdays

**SWIM LESSON SESSIONS**

Options (For 2-Week Sessions): Levels 1, 2, 3, and 4 on Mondays-Fridays (11:00-11:25 a.m.)

(June 27th-July 8th, July 11th-July 22nd, July 25th-August 5th, August 8th- August 19th)

\*In the spaces below, please put your top three 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*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.**

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

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