



WLRP Summer Turtle Program

Dates: August 8th - 12th

Time: 8:30am-4:30pm

Location: 2C Center Street Mashpee, MA 02649

Registration instructions

1. Registration is on a first come, first served basis for youth ages 5-12
2. Registration is due by August 2
3. Completed and **DATED** registration forms should be emailed to wlrp@wlrp.org (Sending CLEAR photos of completed forms are fine) or dropped off at 2C Center Street

If you have any questions or want more information, please contact:

Ann Marie Askew, WLRP Administrator, amaskew@wlrp.org, 833-333-9577 x703

Sânushq Toodie Coombs, WLRP Instructor, tcoombs@wlrp.org 833-333-9577 x 704

Today's Date: _____

Date Received (office use only): _____

Name of Child:

Date of Birth:

Male/ Female

Grade Entering in September of 2022:

Name of School Attending in 2022:

Permanent Mailing Address:

City:

State

ZIP

Home Phone #

#1 Parent/Guardian's Name:

Email Address

Work phone #

Cell phone #

#2 Parent/Guardian's Name

Email Address

Work Phone #.

Cell Phone #

Emergency Contact information

Name:

Relationship:

Cell Phone: #

Work #

Name:

Relationship:

Cell Phone #

Work #

*Please note that staff **WILL NOT RELEASE YOUR CHILD TO ANYONE NOT LISTED BELOW** Without prior consent, in writing, from parent or legal guardian.

I authorize the following person(s) to pick up my child(ren):

- Person # 1
- Name:
- Contact #
- Relationship to child:

- Person # 2
- Name:
- Contact #
- Relationship to child:

Parent/Legal Guardian Signature:

Date: / /

Medical Information

Child's Primary care Physician:

Primary Care Address:

City:

State:

Zip Code:

Phone Number:

Insurance:

Is the child covered by family medical/hospital insurance?

Carrier or Plan Name:

Address

City

Name of Insured

Yes /No Group #

Does your Child have Allergies? Yes/no

If “yes” request accommodation, and how it is to be managed:

please describe severity of reaction:

Does your Child have any dietary restrictions? Yes / No and If “Yes” please explain below:

Does your Child have any medical, physical, or emotional conditions (including disabilities)? Yes/ No

If “Yes” please provide information to assist us in providing the best program experience for your child.

Does your child take any medication (including inhalers): Yes/No

If your child must take medication DURING the program please note the medication, the dosage, and the frequency here. All medications must be in their original containers and be appropriately labelled. Please do not give your child’s medication to them, medications must be received by senior staffer of program.

Medication Name:

Dosage:

Medication Name:

Dosage:

Medication Name:

Dosage:

Is your Child up-to-date on all required immunizations?

Yes/ No

Waivers/Permissions

I give my permission for my child, _____, to take part in the **WLRP Summer Program** to be held at 2C Center St, Mashpee. To the best of my knowledge, she/he is capable of participating in normal program activities. I understand that some activities associated with a daily sports and physical fitness program may have an inherent risk and that all appropriate precautions will be taken for the safety of my child. I agree not to hold the Wôpanâak Language Reclamation Project or any of its agents responsible in the event of injury of my child.

Parent initials _____

Field Trips- I permit my child to leave WLRP property on authorized trips under the supervision of WLRP staff. I may review a written schedule of activities to be conducted off of WLRP property.

Parent initials _____

Photography- I permit the use of images of my child as a program participant in internal and external promotional materials. This includes any printed material, broadcast and print advertising, promotional videos and the WLRP website. I understand that my child's name will not be published.

Parent initials _____

Medication- I give my permission to WLRP staff and volunteers and/or hospital staff to administer medical assistance to my child. This may include topical skin applications as needed for sunscreen, sunburn, bug bites etc., in addition to the administering of medication as indicated in the registration form and approved by me. In the event of an emergency in which I/we cannot be contacted, Emergency Medical Staff and staff may take appropriate action in the best interest of my child.

Parent initials _____

Pickup Policy- I acknowledge that WLRP staff will assume that either parent or people listed from parent/guardian may pick up the child at any time during the program unless there is sufficient court documentation that indicates otherwise. Pickup time is at 4:30 each day.

Parent initials _____

Lost items- I understand that WLRP staff is not responsible for any personal items lost or stolen from our program.

I have read and understand all the policies as stated above.

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date: / /

