



WOW! on the way!



Application for Membership

Complete this form and return it to: The Town of Granby Youth Service Bureau, 15C North Granby Road, Granby, CT 06035 with payment** by Oct. 15, 2009 (\$125/participant/full program, Oct.–April - Maximum payment of \$200 per family).

NAME: _____ GRADE: _____ D.O.B. _____

ADDRESS: _____

PHONE: _____ YOUR EMAIL: _____

PARENT/GUARDIAN _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

PARENT/GUARDIAN EMAIL _____

EMERGENCY CONTACT: _____ PHONE _____

ALLERGIES? Y/N If yes, to what? _____
MEDICAL, EMOTIONAL OR MENTAL HEALTH CONCERNS THAT LEADERS SHOULD KNOW: (will be kept confidential) _____

WOULD YOU LIKE TO BE A PART OF THE WOW! FACEBOOK GROUP TO RECEIVE INFORMATION AND COMMUNICATE WITH THE WOW! GROUP? Y/N

****DO YOU NEED FINANCIAL ASSISTANCE Y/N OR A PAYMENT PLAN Y/N ? If yes to either, please hand in without payment and we will contact you to arrange.**

Please read and check agreement and sign below

- Participant agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, cost, damage, expense and liability whatsoever kind or nature resulting directly or indirectly from the nature of use covered by this contract which results in bodily injury including death, personal injury or damage to property
- Participant agrees to allow the YSB to use photographs, digital and/or video images taken during WOW! in promotional MATERIALS and newsletters.
- Participant grants permission for any emergency medical treatment that may be necessary while participating in WOW!
- Parent permits employees of the Town of Granby YSB to transport the WOW! member to/from activities.

PARENT/GUARDIAN SIGNATURE

PARTICIPANT SIGNATURE

➔ Saturday, Oct. 24th—Very Special Teambuilding Event— 10 am to 3 pm. Attendance is HIGHLY RECOMMENDED. Are you able to attend? Y/N

You're so WOW!