



**2026 MWCC Summer Adventures Permission and Contact Information Form (Page 1 of 2)**

*State regulations require we have parental contact information and at least one emergency contact person.*

Child's Name: Parent/Guardian:

Age: Phone:

Date of Birth: Email:

Second Contact:

Second Phone:

**Legal and Medical**

Are there any legal restrictions on the release of your child or records to a non-custodial parent? Yes No  
If Yes, MWCC Campus Police will require a copy of all official documentation.

**Allergies:** Does your child carry an EpiPen? Yes No

If your child has a disability and requires accommodation to participate fully in program activities, please contact the Disabilities Office at 978-630-9855 to discuss specific needs.

Please provide us with any additional information about your child that you think is important or may affect your child's ability to fully participate in the MWCC summer program(s).

**Photographs** I hereby allow MWCC to photograph the child listed above for use in any type of media MWCC deems appropriate. This can include, but is not limited to, newspaper stories, printed literature, and online information. I hereby give MWCC, its legal representative and assigns, those for whom MWCC is acting, and those acting with its permissions, or its employees, the right and permission to copyright and/or use, reuse and/or publish, and republish, photographic pictures. **I hereby allow MWCC to photograph the child listed above:** Yes No

**Permissions and Assumption of Risk and Release** I give my permission for the child listed above to participate in summer program(s). I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named on this form. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child, including (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below. In consideration of being permitted to participate in this program, I, the undersigned in full recognition and appreciation of the dangers and hazards inherent in such activities, which are described in this brochure, during my child's enrollment and/or participation in MWCC activities during this program, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness; caused by or related to this program; and further I do for myself, my heirs and personal representative hereby defend, hold harmless, indemnify and release, and forever discharge MWCC and all its officers, agents, and employees from and against all claims, demands, and actions, or causes of actions on account of damage to personal property, or personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

**I give my permission for the child listed above to participate in the 2026 program (required):** Yes No



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**Off-Site Permission (not applicable to Art and Mount Fitness programs)** I give my permission for the child listed above to participate in off-site activities. This permission includes walking the North Central Pathway located on Green Street, across the street from MWCC. Yes      No

**Field Trip Permission (not applicable to Art and Mount Fitness programs)** I give my permission for the child listed above to participate in off-site field trips if a trip is scheduled for the week(s) they are enrolled in the program. I understand that field trips are a privilege. I understand that my child may be asked to remain at home or if care is available back at MWCC on field trip days if they do not demonstrate appropriate program behavior on campus. Yes      No

**Swimming** I give my permission for the child listed above to attend swimming day(s) at Mount Fitness during program hours. I understand that my child will need to complete a swim test conducted by a Mount Fitness certified Lifeguard. Swimming level for program purposes will be determined by a Mount Fitness certified Lifeguard. Yes      No

**College Operations Acknowledgement** I understand that all Mount Wachusett Community College and Mount Fitness operations will be in full force during all 2026 Summer Adventures program hours. Yes

**Parent/Guardian Signature:**

**Date:**

***Registration is not complete, and your child(ren) cannot attend until all forms are submitted with payment.***