

2015 Camp Registration Form

Camper's Name _____ M ___ F ___

Address _____

Town _____ ZIP _____

Home Phone _____

Email Address _____

Grade Entering _____ Date of Birth _____

Work/Cell #s _____

Mother's Name _____

_____ # _____

Father's Name _____

_____ # _____

Day Camp - Sessions

	Full Day
1 ___ June 29-July 2	\$136
2 ___ July 6-10	\$170
3 ___ July 13-17	\$170
4 ___ July 20-24	\$170
5 ___ July 27-31	\$170
6 ___ August 3-7	\$170
7 ___ August 10-14	\$170

Baseball Camp

Ages 7-12 6/22-6/25 _____ \$160

Basketball Camp

Gr. 3-6 7/27-7/31 _____ \$170

Club Getaway

Gr. 5-9 6/29-7/2 _____ \$480

C.I.T Program

Ages 13-14 7/6-7/17 _____ \$260

Filmmaking Flix

Ages 7-13 8/17-8/21 _____ \$180

Lego Flix

Ages 7-13 8/17-8/21 _____ \$180

Fun and Fitness Camp

Gr. 5-8 7/20-7/24 _____ \$170

Gr. 2-4 8/3-8/7 _____ \$170

Hands On Science Camp

Gr. 1-3 6/29-7/3 _____ \$288

Gr. 3-5 7/6-7/10 _____ \$288

Junior Chef Camp

Gr. 1-4 7/6-7/9 _____ \$175

Gr. 4-8 7/13-7/16 _____ \$175

Gr. 2-8 7/20-7/23 _____ \$175

Multi Sports Camp

Gr. 2-5 8/17-8/21 _____ \$190

Nova Speed Camp

Ages 9-14 8/3-8/7 _____ \$170

Paint Draw and More! Art Camp

Ages 5-13 7/6-7/10 _____ \$304

Ages 5-13 7/13-7/17 _____ \$304

Soccer Camp

Ages 3-5 8/10-8/14 _____ \$84

Gr. 1-9 8/10-8/14 _____ \$180

Sports Squirts Camp

Ages: 3-5 8/17-8/21 _____ \$89

Tennis Camps - Fairfield County, LLC

Ages 3-4 7/27-7/30 _____ \$55

Ages 5-8 7/27-7/30 _____ \$169

Ages 9-12 7/27-7/30 _____ \$169

Tennis Camp

Gr. 2-5 7/6-7/10 _____ \$130

Gr. 6-8 7/13-7/17 _____ \$130

Travel Camp

1 Gr. 5-10 7/6-7/10 _____ \$380

2 Gr. 5-10 7/13-7/17 _____ \$380

3 Gr. 7-11 7/20-7/24 _____ \$440

4 Gr. 5-10 7/27-7/31 _____ \$380

5 Gr. 5-10 8/3-8/7 _____ \$380

Sibling Discount (see page 29 for details) _____

Total Fees for all Camps _____

Total Amount Paid _____
(minimum \$50 per week)

Balance owed (by 6/1) _____

Make checks payable to "Town of Redding" mail to:
Redding Park and Rec., PO Box 1071, Redding, CT 06875

I authorized the use of this credit card for the above payments.
Mastercard Visa AMEX Discover

Credit Card Number _____

Expiration Date _____ CVV Code _____

Signature _____

SEE OTHER SIDE

Redding Park and Recreation Camp Medical Form
No camper will be permitted to stay at camp without this form
Please submit at least one week prior camp start date

Camper's Name _____

List Camps signed up for _____

Mother Cell# _____ Father cell # _____

Emergency numbers or people authorized to pick up your child.

Name _____ # _____

Name _____ # _____

Name _____ # _____

This information is confidential to camp directors and first aider unless it is needed for medical reasons.

1. Is there any special information that you would like to share that would enable us to serve your child better?

No Yes*

*The appropriate person from the department will call you or you may attach a note to this form.

2. Is the camper allergic to ANYTHING?

3. Is the camper under medical care for any illness or condition?

4. Should the camper's activities be restricted in any way?

5. What medications is he/she taking NOW?

6. Please include any medications he/she has taken regularly or may be coming off of:

7. Does Camper wear eyeglasses? _____

8. Name of child's doctor _____ Phone # _____

I have read the section entitled "Important Info- a Must Read" in the camp section of the brochure and fully understand the information it contained including the refund policies. Signing below is my permission for my child to participate in all camp programs offered including transportation on a school bus. I also give my permission for the camp Director or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency. I release and hold the town harmless from any injuries incurred in town recreational activities.

Parent's Signature _____

*Any camper who has medication administered during camp hours must have our camp's "Administration of Medicine and Medical Treatment Form" filled out by a doctor **before** attending camp.

Forms are available at the Park and Recreation Office and on our website www.townofreddingct.org. The form MUST be received by the Wednesday before camp begins. We will not give out medication without a completed form on file and medicines in their original container.