

# Redding Park and Recreation 2021 Camp Registration Form

Camper's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Grade Entering \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Adult Name and cell #  
\_\_\_\_\_ # \_\_\_\_\_

Parent/Adult Name and cell #  
\_\_\_\_\_ # \_\_\_\_\_

**Day Camp - Sessions**                      **Full Day**

1	___ June 28-July 2	\$200
2	___ July 6-9	\$160
3	___ July 12-16	\$200
4	___ July 19-23	\$200
5	___ July 26-30	\$200
6	___ August 2-6	\$200
7	___ August 9-13	\$200

**Lego Camp**

Ages 5-7	8/2-8/6	_____ \$175
Ages 7-12	8/2-8/6	_____ \$175

**Junior Chef Camp**

Gr. 3-8	7/19-7/22	_____ \$195
---------	-----------	-------------

**Multi Sports Camp**

Ages 5-12	6/21-6/24	_____ \$140
Ages 5-12	8/23-8/26	_____ \$140

**Soccer Camp**

Ages 5-7	8/9-8/13 - 1.5 hours	_____ \$100
Ages 8-14	8/9-8/13 - 3 hours	_____ \$145
Ages 8-14	8/9-8/13 - 6 hours	_____ \$195

**Tennis Camps - Fairfield County, LLC**

Ages 3-4	7/12-7/15	_____ \$60
Ages 5-16	7/12-7/15	_____ \$185
Ages 3-4	8/9-8/12	_____ \$60
Ages 5-16	8/9-8/12	_____ \$185

Sibling Discount  
10% for same week of day camp \_\_\_\_\_

Total Fees for all Camps \_\_\_\_\_

Total Amount Paid  
(min \$50 per week) \_\_\_\_\_

Balance owed (by 6/7) \_\_\_\_\_

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 \_\_\_\_\_

Parent 1 Cell# \_\_\_\_\_ Parent 2 cell # \_\_\_\_\_

Emergency numbers and people authorized to pick up your child other than parents.

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. Will your child need to take medications while he/she is at camp?

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](http://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.