

Redding Park and Recreation 2022 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 #
_____ # _____

<u>Day Camp - Sessions</u>	<u>Full Day</u>
1 ___ July 5- 8	\$176
2 ___ July 11-15	\$220
3 ___ July 18-25	\$220
4 ___ July 25-29	\$220
5 ___ August 1-5	\$220
6 ___ August 8-12	\$220
7 ___ August 15-19	\$220

Basketball
Ages 7-12 7/18-7/22 _____ \$209

Junior Chef Camp
Gr. 3-8 7/18-7/21 _____ \$195
Gr. 3-8 8/1-8/4 _____ \$195

Sky Hawk Multi Sports Camp
Ages 7-12 6/27-7/1 _____ \$209

Mini- Sky Hawk (baseball, basketball, soccer)
Ages 5-6 6/27-7/1 _____ \$155

Soccer Camp

Ages 5-7 8/8-8/12 - 1.5 hours _____ \$110
Ages 8-14 8/8-8/12 - 3 hours _____ \$155
Ages 8-14 8/8-8/12 - 6 hours _____ \$205

Tennis Camps - Fairfield County, LLC

Ages 3-4 7/11-7/14 _____ \$60
Ages 5-16 7/11-7/14 _____ \$185
Ages 3-4 8/8-8/11 _____ \$60
Ages 5-16 8/8-8/11 _____ \$185

Paint Draw and More Camps

Ages 5-8; 9-13 7/11-7/15 _____ \$370
Ages 5-8; 9-13 7/18-7/22 _____ \$370

Day Sibling Discount for 2nd or 3rd child
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 _____ Campers Grade in the fall _____

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. 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.