

# 2016 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 \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_

<b>Day Camp - Sessions</b>	<b>Full Day</b>
1 ___ June 27-July 1	\$175
2 ___ July 5-8	\$140
3 ___ July 11-15	\$175
4 ___ July 18-22	\$175
5 ___ July 25-29	\$175
6 ___ August 1-5	\$175
7 ___ August 8-12	\$175

### **Baseball Camp**

Ages 7-12 6/20-6/23 \_\_\_\_\_ \$165

### **Basketball Camp**

Gr. 3-6 8/8-8/12 \_\_\_\_\_ \$175

### **Club Getaway**

Gr. 5-10 6/27-6/30 \_\_\_\_\_ \$490

### **C.I.T Program**

Ages 13-14 7/5-7/15 \_\_\_\_\_ \$260

### **Fencing Camp**

Ages 7-17 7/11-7/15 \_\_\_\_\_ \$185

Ages 7-17 7/18-7/22 \_\_\_\_\_ \$185

Ages 7-17 7/25-7/29 \_\_\_\_\_ \$185

### **Lego Camp**

Ages 5-7 7/5-7/8 \_\_\_\_\_ \$140

Ages 8-12 7/5-7/8 \_\_\_\_\_ \$140

### **Fun and Fitness Camp**

Gr. 2-8 7/11-7/15 \_\_\_\_\_ \$175

Gr. 2-8 7/18-7/22 \_\_\_\_\_ \$175

### **Hands On Science Camp**

Gr. 1-3 6/27-7/1 \_\_\_\_\_ \$293

Gr. 3-5 7/5-7/8 \_\_\_\_\_ \$235

### **Junior Chef Camp**

Gr. 1-8 7/11-7/14 \_\_\_\_\_ \$180

Gr. 1-4 7/18-7/21 \_\_\_\_\_ \$180

Gr. 4-8 7/25-7/28 \_\_\_\_\_ \$180

### **Multi Sports Camp**

Gr. 2-5 8/22-8/26 \_\_\_\_\_ \$195

### **Nova Speed Camp**

Ages 9-14 8/1-8/5 \_\_\_\_\_ \$175

### **Paint Draw and More! Art Camp**

Ages 5-13 7/11-7/15 \_\_\_\_\_ \$304

Ages 5-13 7/18-7/22 \_\_\_\_\_ \$304

### **Soccer Camp**

Ages 3-5 8/15-8/19 \_\_\_\_\_ \$84

Gr. 1-9 8/15-8/19 \_\_\_\_\_ \$180

### **Sports Squirts Camp**

Ages: 3-5 8/22-8/26 \_\_\_\_\_ \$95

### **Tennis Camps - Fairfield County, LLC**

Ages 3-4 7/25-7/28 \_\_\_\_\_ \$55

Ages 5-8 7/25-7/28 \_\_\_\_\_ \$175

Ages 9-12 7/25-7/28 \_\_\_\_\_ \$175

### **Tennis Camp**

Gr. 2-5 6/27-7/1 \_\_\_\_\_ \$135

Gr. 6-8 7/11-7/15 \_\_\_\_\_ \$135

### **Travel Camp**

1 Gr. 7-10 7/5-7/8 \_\_\_\_\_ \$445

2 Gr. 5-10 7/11-7/15 \_\_\_\_\_ \$385

3 Gr. 6-10 7/18-7/22 \_\_\_\_\_ \$445

4 Gr. 5-10 7/25-7/29 \_\_\_\_\_ \$385

5 Gr. 5-10 8/1-8/5 \_\_\_\_\_ \$385

6 Gr. 5-10 8/8-8/12 \_\_\_\_\_ \$385

### **Woodworking Camp**

Ages 8 and up 6/20-6/24 \_\_\_\_\_ \$350

Sibling Discount (see page 29 for details) \_\_\_\_\_

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

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

Balance owed (by 6/1) \_\_\_\_\_

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 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. 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 camper'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.