

2017 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 ___ July 3-7	\$148
2 ___ July 10-14	\$185
3 ___ July 17-21	\$185
4 ___ July 24-28	\$185
5 ___ July 31-August 4	\$185
6 ___ August 7-11	\$185
7 ___ August 14-18	\$185

Baseball Camp
Ages 7-12 6/20-6/23 _____ \$185

Basketball Camp
Ages 7-12 8/14-8/18 _____ \$189
Ages 3-4 8/14-8/18 _____ \$99
Ages 5-6 8/14-8/18 _____ \$99

Club Getaway
Gr. 5-10 8/1-8/4 _____ \$510

C.I.T Program
Ages 13-14 7/10-7/21 _____ \$265

Lego Camp
Ages 5-7 7/3-7/7 _____ \$140
Ages 8-12 7/3-7/7 _____ \$140

Fun and Fitness Camp
Gr. 2-8 7/24-7/28 _____ \$185
Gr. 2-8 7/31-8/04 _____ \$185

Hands On Science Camp
Gr. 1-3 6/26-6/30 _____ \$293
Gr. 3-5 7/17-7/21 _____ \$293

Junior Chef Camp
Gr. 1-8 7/10-7/13 _____ \$180
Gr. 1-4 7/17-7/20 _____ \$180
Gr. 4-8 7/31-8/03 _____ \$180

Multi Sports Camp
Ages 5-11 8/21-8/25 _____ \$219

Nova Speed Camp
Ages 9-14 8/7-8/11 _____ \$185

Paint Draw and More! Art Camp
Ages 5-13 7/10-7/14 _____ \$304
Ages 5-13 7/17-7/21 _____ \$304

Soccer Camp
Ages 3-5 8/7-8/11 _____ \$84
Gr. 1-9 8/7-8/11 _____ \$180

T-Ball Squirts
Ages 3-5 7/10-7/14 _____ \$99

Total Sports Parents and Me Camp
Ages: 2-3 7/10-7/14 _____ \$99

Total Sports Squirts Camp
Ages: 3-5 7/10-7/14 _____ \$99
Ages: 3-5 8/21-8/25 _____ \$99

Tennis Camps - Fairfield County, LLC
Ages 3-4 6/20-6/23 _____ \$55
Ages 5-8 6/20-6/23 _____ \$175
Ages 9-12 6/20-6/23 _____ \$175
Ages 3-4 7/24-7/27 _____ \$55
Ages 5-8 7/24-7/27 _____ \$175
Ages 9-12 7/24-7/27 _____ \$175

Tennis Camp - Glen Englander
Gr. K-1 6/26-6/30 _____ \$135
Gr. 2-5 6/26-6/30 _____ \$145
Gr. K-1 7/10-7/14 _____ \$135
Gr. 6-8 7/10-7/14 _____ \$145

Travel Camp
1 Gr. 5-10 7/10-7/14 _____ \$405
2 Gr. 5-10 7/17-7/21 _____ \$405
3 Gr. 6-10 7/24-7/28 _____ \$465
4 Gr. 5-10 8/7-8/11 _____ \$405
5 Gr. 5-10 8/14-8/18 _____ \$405

Woodworking Camp
Ages 8 and up 6/19-6/23 _____ \$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. 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 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. 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.