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

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 ________________________________

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

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. 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.