

Redding Park and Recreation 2024 Camp Registration Form

Camper's Name _____

Grade Entering _____ Date of Birth ___/___/___ M ___ F ___

Mini Hawk T-Ball Camp (80257)

Ages: 2's 7/1-7/3 _____ \$75
 Ages: 3-4 7/1-7/3 _____ \$75
 Ages: 5-6 7/1-7/3 _____ \$75

Day Camp – Sessions (80220) **Full Day**

1 ___ June 24-28 \$245/270
 2 ___ July 1-5* (no 7/4) \$196/221
 3 ___ July 8-12 \$245/270
 4 ___ July 15-19 \$245/270
 5 ___ July 22-26 \$245/270
 6 ___ July 29-August 2 \$245/270
 7 ___ August 5-9 \$245/270

CAS Soccer Camp (80234)

Ages 5-7 8/5-8/9 - 1.5 hours _____ \$132
 Ages 8-14 8/5-8/9 - 3 hours _____ \$174
 Ages 8-14 8/5-8/9 - 6 hours _____ \$228

Tennis Camps - Fairfield County, LLC (80235)

Ages 3-4 6/24-6/27 _____ \$65
 Ages 5-16 6/24-6/27 _____ \$195

 Ages 3-4 7/8-7/11 _____ \$65
 Ages 5-16 7/8-7/11 _____ \$195

 Ages 3-4 7/22-7/26 _____ \$65
 Ages 5-16 7/22-7/26 _____ \$195

Basketball Camp (80231)

Ages 7-13 8/12-8/16 _____ \$180

Ages 3-4 8/5-8/8 _____ \$65
 Ages 5-16 8/5-8/8 _____ \$195

Baseball Camp (80257)

Ages 7-13 7/29-8/2 _____ \$180

Travel Camp (80240)

Grades 5-10 7/8-7/12 _____ \$490
 Grades 5-10 7/15-7/19 _____ \$490
 Grades 5-10 7/29-8/2 _____ \$490
 Grades 5-10 8/5-8/9 _____ \$490

Intro to Martial Arts Camp (80239)

Grades 3-9 7/8-7/12 _____ \$180
 Grades 3-9 8/19-8/23 _____ \$180

Ultimate Frisbee Camp (80258)

Ages 6-17 7/1-7/5* 4 days _____ \$176

Paint Draw and More Camp (80251)

Ages 5-13 7/8-7/12 _____ \$375
 Ages 5-13 7/15-7/19 _____ \$375

Junior Chef Camp (80253)

Grades 3-8 7/8-7/11 _____ \$195
 Grades 3-8 7/15-7/18 _____ \$195

Lego Camp (80233)

Ages 5-7 6/24-6/28 _____ \$160
 Ages 7-12 6/24-6/28 _____ \$160
 Ages 5-7 7/22-7/26 _____ \$160
 Ages 7-12 7/26-7/26 _____ \$160

Sibling Discount - 10% for same week
 Day Camp or Travel Camp only _____

Total Fees for all Camps _____

Total Amount Paid _____
 (Min. \$50 deposit per week/\$100 for Travel Camp)

Balance owed (by 6/6) _____

Pickleball Camp (80236)

Grades 3-6 7/15-7/19 _____ \$180
 Grades 6-9 7/15-7/19 _____ \$180

Field Hockey Camp (80259)

Grades 3-5 7/22-7/26 _____ \$180

I authorized the use of this credit card for the above payments.

Sky Hawk Multi Sports Camp (80230)

Ages 7-12 7/29-8/2 _____ \$219

Mastercard Visa AMEX Discover

Credit Card Number _____

Mini- Hawk Multi Sport Camp (80230)

Ages 5-6 7/29-8/2 _____ \$159

Expiration Date _____ CVV Code _____

Mini- Hawk Multi Golf Camp (80232)

Ages 5-8 8/12-8/16 _____ \$159

Signature _____

Redding Park and Recreation Camp

No camper will be permitted to attend camp without this completed form.

Please submit at least one-week prior camp start date.

Camper's Name _____
Address _____ Town _____ ZIP _____

Primary name and phone #1 _____ Primary name and phone #2 _____

Email Address(s) _____

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 _____ # _____

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? YES or NO (please circle), if yes, please you must submitted required medication authorization forms.

6. Does Camper wear eyeglasses? _____

7. 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.