Summer Camp 2016 Registration Form (ages 4-12)

Parent or legal guardian must complete this form.

Adult Name ☐ Use address and contact information on file. Address, City, State, Zip

Primary # Alt Phone Alt2 Phone

List phone numbers in the order you would like us to call them.

Emergency Ph

Called only in case of emergency when we can't reach anyone at other listed numbers. You should choose another number for a trusted relative or friend.

List adults approved to pick up child from camp E-Mail

Participant Information - please use one form per child - additional forms are available at www.grotonrec.com/forms.

First Name Last Name Date of Birth Sex

☐ Child can walk home.

☐ Child needs to take medication at camp and Medication Form is included. Form is available at www.GrotonRec.com/forms.asp.

☐ Permission to use any photos for print & online marketing

Aide Request

To request an aide for camp, please complete and submit the following forms **before June 8, 2016.**

☐ GP&R Assessment (parent completes)

☐ Teacher -Camp Information Form

☐ HIPAA Release (parent completes)

☐ Behavior Intervention Plan (get from Teacher)

☐ Authorization for Dispensation of Medication Form (parent and doctor complete)

What do we need to know about your child? (Needs or behaviors that we can be prepared for.)

List allergies

Choose Site: ☐ Fitch Middle ☐ S.B. Butler ☐ Wm Seely

Weeks		Summer Camp - 7:30 AM - 3 PM Res	Summer Camp - 7:30 AM - 3 PM Non-Res	After Care - Seely Only 3 -5:00 PM Res	After Care - Seely Only 3 -5:00 PM Non-Res	FEES
WK 1 - June 27 - July 1	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 1 Fees
WK 2 - July 6 - 8	3 days	☐ $59	☐ $79	☐ $29	☐ $49	WK 2 Fees
WK 3 - July 11 - 15	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 3 Fees
WK 4 - July 18 - 22	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 4 Fees
WK 5 - July 25 - 29	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 5 Fees
WK 6 - Aug 1 - 5	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 6 Fees
WK 7 - Aug 8 - 12	5 days	☐ $79	☐ $99	☐ $49	☐ $69	WK 7 Fees
						Total Fees

Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

PARTICIPATION RELEASE WAIVER

In consideration of my participation or that of my above named child(ren) in activities conducted and/or sponsored by the Town of Groton Parks and Recreation Department, I acknowledge that such activities are potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks. I agree to release, hold harmless and waive any claims that might arise against the Town of Groton Parks and Recreation Department, the Town of Groton, and their officials, representatives, agents and employees on account of any and all injuries and claims of injury to person while participating in and/or traveling to and/or from said activities.

By my signature below, I agree to the provisions of paragraph above:

Signature Date

Check Payable and Returned to:
Groton Parks and Recreation
27 Spicer Avenue
Noank, CT 06340-5659

Registration is also available on-line at **GrotonRec.com/discover**