

# Hamden Parks & Recreation Summer Day Camps

Please circle CAMP your child will be attending below:

Munchkins Rascals Green Dragons Drifters Extreme Brooksvale Nature Brooksvale Ranger

Session 1 { }

Session 2 { }

Session 3 { }

Please print the following information neatly!

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of 7/1 \_\_\_\_\_ Grade Leaving \_\_\_\_\_  
School attending \_\_\_\_\_ Name of child he or she wants to group with \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_ Address \_\_\_\_\_  
Phone #'s (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
E-Mail address \_\_\_\_\_  
Emergency contact (Other than parent/guardian):  
Name \_\_\_\_\_ Relation \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

## Notes:

- > **Refunds** will only be considered prior to the start of the program. A \$10.00 administrative fee will be charged.
- > **RETURNED CHECK FEES - \$20.00**
- > The Parks & Rec. Dept., and the camp staff cannot dispense/administer medication and will not be responsible for its misuse.
- > The Town of Hamden does not provide medical/accident coverage for this program. Participants are at their own risk and parents are required to use their own medical coverage.
- > Please notify us of any special situations. If special situations are not made known to us, we may not be able to best meet your child's needs. Not telling us may be grounds for dismissal. Falsifying any information can result in expulsion from the program without a refund.

## Getting to Know your Child

The Hamden Parks & Recreation Department believes that every child is a unique individual with his or her own needs. Please answer the following questions:

Please explain if there are certain situations that may cause your child difficulty: \_\_\_\_\_

How can we best work with you to help your child in these situations? \_\_\_\_\_

What limitations does your child have? \_\_\_\_\_

Are special provisions required to enable your child to participate in our camp? \_\_\_\_\_

Please list all medications and/or conditions affecting your child (including allergies) \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital Choice \_\_\_\_\_

## Individuals authorized to pick-up my child:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone #'s (h/w) \_\_\_\_\_ (c) \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone #'s (h/w) \_\_\_\_\_ (c) \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone #'s (h/w) \_\_\_\_\_ (c) \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone #'s (h/w) \_\_\_\_\_ (c) \_\_\_\_\_

**DO NOT** release my **CHILD** to the following individual(s): (A copy of a court order must be attached)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_

I authorize the Hamden Parks & Recreation Department to have and/or use photographs and/or slides of my child as may be needed for public relations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby give my permission for my child to participate in the Hamden Parks & Recreation Summer Day Camps. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin, assume all risks and hazards incidental to the conduct of activity, including those associated with transportation for outside field trips. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assigns and next of kin, agree to hold the Town of Hamden, its officers, officials, employees, agents, and servants harmless and waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable, against the Town of Hamden and its officials, employees, agents, and servants, in the event of any injury, accident, natural causes or any illness as a result of participation in the Hamden Parks & Recreation Summer Day Camps. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Sessions #1 _____	Ext _____	Total _____	Ck#/Cash _____	Date Received _____
#2 _____	Ext _____	Total _____	Ck#/Cash _____	Date Received _____
#3 _____	Ext _____	Total _____	Ck#/Cash _____	Date Received _____
Residency Check _____	Medical Form _____	Walker Release Form _____	Code of Conduct _____	Processor _____