

# Youth Day Camp Registration Form

\*Make check payable to and mail your registration to:  
 Middletown Recreation  
 61 Durant Terrace Middletown CT 06457

There is a \$25 processing fee for any refunds.

## CHILD:

Name: First \_\_\_\_\_ Last \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Street Address: \_\_\_\_\_

Middletown CT Zip 06457

Home Phone: \_\_\_\_\_

School attending: \_\_\_\_\_

## Parent/Legal Guardian/1st Contact:

Relationship: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Phone: H \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

W \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

C \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Parent/Legal Guardian/2nd Contact:

Relationship: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Phone: H \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

W \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

C \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact:

CIRCLE ONE :

A. SAME AS FIRST CONTACT

B. SAME AS SECOND CONTACT

C. OTHER (PLEASE FILL OUT BELOW)

Relationship: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: H \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

W \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

C \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## PARTICIPANT HEALTH/CONCERN INFO

List all known allergies:

\_\_\_\_\_

Any conditions/concerns to share with recreation staff:

\_\_\_\_\_

State all medications presently in use:

\_\_\_\_\_

Circle Yes, No or None for any medications that need to be administered during the Youth Day Program. A doctor's medication form is required for any medications administered. Forms are available in our office.

- Epi-Pen YES or NO
- Inhaler YES or NO
- Prescription Medication YES or NO
- Over the Counter Medication YES or NO
- None

In addition, the following people have my permission to pick up my child from camp:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

- Children are only registered for the dates (s) that have been paid for with paid receipt.
- Walk-in or Mail-in Camp Registration deadline is 4:00 p.m. the Wednesday of the week before the program begins. On-line Camp Registration deadline is 11:59 p.m. the Wednesday of the week before the program begins.

## YOUTH DAY CAMP REGISTRATION FORM CONTINUED

<u>Day</u>	<u>Program Name/Number</u>	<u>Date</u>	<u>\$</u>
	Please circle your choices		
Tuesday	<b>Election Day</b> 310100-01 8:00 a.m.-4:00 p.m. Residents only	November 8	\$20
Tuesday	<b>Winter Break</b> 412020—02 8:00 a.m.-4:00 p.m. Residents only	December 27	\$20
Wednesday	<b>Winter Break</b> 412020—03 8:00 a.m.-4:00 p.m. Residents only	December 28	\$20
Thursday	<b>Winter Break</b> 412020—04 8:00 a.m.-4:00 p.m. Residents only	December 29	\$20
	<b>Optional Christmas Toy Drive Donation</b>		\$ 1

**MEDICAL RELEASE/PARENTAL PERMISSION:** In order to participate in Recreation and Community Services Department Programs, I understand and agree that recreation programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken or videos recorded, I hereby give permission for the Recreation and Community Services Department to use said photos and recorded videos in promotional literature, social media including but not limited to brochures and flyers. In the event of an emergency and the parent/guardian/emergency contact person cannot be reached, I hereby give permission to be transported (or for my child to be transported) to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in these programs. A photocopy of this waiver form with my signature shall be considered as valid as the original.

**PARENTAL PERMISSION (If under 18 years):** I hereby give permission for my child to participate in Middletown Recreation Division Programs. I understand the programs are physically demanding, but I feel my child has the ability.

**REFUND POLICY:** I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Division (e.g. weather, equipment failure, illness, etc.).

**BUS TRIP/LADY KATHARINE CRUISE/ WESLEYAN WALKING MEDICAL EMERGENCY INFORMATION:** I understand and agree that the Middletown Recreation Division provides these programs in conjunction with bus and boat tour company vendors and Wesleyan University. The Recreation Division offers no medical personnel on these vessels or on-site for emergencies. I understand and agree that no refunds will be given for bus trips.

**PARTICIPANT BEHAVIOR RULES:** I have read and acknowledge receipt of the participant's behavior rules on page 29 and understand failure to follow these rules may result in immediate dismissal from recreational programs with no refund fees.

**CONTESTS:** I understand that the City of Middletown has the right to post my photographs or artwork online or in print form. I also understand that submitted materials will not be returned.



Parent/Legal Guardian Signature :

\_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Date \_\_\_\_\_ Staff Initials \_\_\_\_\_ \$ Rcvd. \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

Credit Card \_\_\_\_\_ Financial Aid \_\_\_\_\_ Scanned \_\_\_\_\_ Packet \_\_\_\_\_ Bus \_\_\_\_\_ Concerns \_\_\_\_\_ Med Form \_\_\_\_\_