

Hamden Recreation Summer Day Camp Registration Form

Please circle CAMP your child will be attending below and check off session:

Munchkins Rascals Green Dragons Drifters Extreme Camp Brooksvale

Session 1 { } Session 2 { } Session 3 { }

Please print clearly and neatly the following information!

Campers Last Name _____ First _____ Boy _____ Girl _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Age as of 7/1 _____ Grade Leaving _____ School Attending _____
Parent #1 _____ Parent #2 _____
Home Address _____ Home Address _____
Please check which phone number to be used as Primary contact number:
 Home Phone # () _____
 Cell Phone # () _____
 Work Phone # () _____
E-mail Address _____ E-mail Address _____

Emergency contact (Other than parent/guardian):
Name _____ Relationship _____ (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 Recreation Dept. and the camp staff cannot dispense and/or 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 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 programs? _____

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. A photo I.D. is required to release any child to an authorized pick up person listed below:

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 Recreation Department to have and/or use photographs and/or slides of my child as they 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 Recreation Summer Day Camps. I, for myself, my spouse, my child/guardian and on behalf of my heirs, assign 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 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 _____