Colchester Parks & Recreation Camper Registration Form

127 Norwich Ave., Colchester, CT 06415
537-7297
www.colchesterct.gov

ONE CAMPER PER FORM - PLEASE PRINT

Camper's Name:_____ Grade in Fall 2010: ____ D.O.B. _____
Copy of Birth Certificate is required for first year Kindercampers, current medical record required for ALL campers

Name & grade of siblings attending camp _____

Parent/Guardian Information:

Name : _____ Relationship to Camper: _____
Name : _____ Relationship to Camper: _____
Address: _____City: _____ Zip:_____
Phone: Day: _____ Evening: _____ Cell: _____

Emergency Contact: (Other than listed above)

Name: _____ Relationship to Camper: _____
Address: _____City: _____ Zip:_____
Phone: Day: _____ Evening: _____ Cell: _____

PLEASE REQUEST SUPPLEMENTAL FORM FOR SPECIAL NEEDS CAMPERS!

EMERGENCY MEDICAL & SURGICAL TREATMENT RELEASE

Release:
The information contained herein is accurate to the best of my knowledge. By my signature below I consent to the following:

A: Release of any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Colchester or any other party referred to herein.

B: For the Town of Colchester to acquire medical, insurance and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Colchester.

I authorize duly-licensed physician, nurses and allied health professionals to prove such necessary medical care and to administer such routing diagnostic tests and procedures as in the judgment of the authorized personal is deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than myself, I am their authorized legal representative and/or guardian and am hereby authorized to submit this material and execute this release form.

X _____ _____
Signature Required Date

IF A CAMPER REQUIRES ANY MEDICATION (PRESCRIPTION OR OTC) DURING CAMP HOURS PLEASE ASK FOR AN '*AUTHORIZATION TO ASSIST CAMPERS IN SELF ADMINISTRATION*' FORM

PICK UP AUTHORIZATION

I hereby authorize:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____

to pick up my child from the Colchester Parks & Recreation Day Camp. Please list persons **other than** those listed above. Anyone other than those listed on this form are required to present advance, written pick up authorization. A current driver's license will also be required. If there are any changes in these arrangements I will give written notice.

X _____ _____
Signature Required Date

Child's Name:_____ **Child's Grade: _____**

SPECIAL ATHORIZATION FOR CAMPERS
*Incomplete forms will not be accepted

TERMS AND CONDITIONS OF REGISTRATION

My son/daughter has permission to participate in Daycamp/Kindercamp. I hereby agree to release, discharge and hold harmless, the Town of Colchester, its employees, contracted instructors and volunteers from any liabilities, which may occur while participating in the Day Camp program. understand that participation in any recreational or sports activity involves risk. I further understand that the Town of Colchester does not provide accident/medical insurance for program participants.

Unless the Camp is restricted by a court order directed expressly to the Camp, (1) the Camp is hereby authorized to release the child to either parent (or persons authorized by either parent) on Camp property at any time during the day if arrangements for pick-up of the child have been made beforehand with the Camp office even if both parents do not live at the same address, and (2) to permit both parents to visit the child at the Camp. Disputes between parents, which involve the Camp in any way must be resolved immediately by the parents, failing which the Camp shall have the right to terminate this contract and dismiss the child. Should such action be taken by the Camp, no refund will be made and the who signs this contract will, nevertheless, be responsible for all amounts due the Camp as if the child had not been dismissed. The parent irrevocably authorizes and consents to the Camp's use of the child's name, photograph, portrait or image in connection with the Camp's brochure or other promotional or advertising publication. The parent releases the Camp and shall indemnify and hold the camp harmless from and against any and all claims, liabilities and expenses (including reasonable attorney's fees) arising from such use.

The Camp shall have the right to make all decisions regarding camper's fitness to participate in particular activities or the entire Camp program. At any time before opening day of the camp season, the Camp shall have the right to cancel this contract if it determines, in its sole judgment: (1) that the physical, mental or emotional condition of the child would prevent him/her from participation safely and satisfactorily in the Camp program or interacting positively with other children at the camp or (2) the child's parent(s) make an unreasonable demand upon the Camp. Once camp has begun, the Camp shall have the right to terminate this contract and dismiss the child if it determines, in it sole judgment: (1) that proves detrimental to himself/herself, other campers or Camp staff or property, or (2) displays bigotry, bullying or inappropriate sexual acts, or (3) the child's parent(s) make an unreasonable demand upon the Camp.

Parent represents to Camp that written in the space below is his/her camper's history of medical conditions or surgical procedures, therapy programs and/or regularly taken prescription medication(s):

_____

_____

_____

Parent represents to the Camp that the camper is in sound physical and mental health and fully able to participate in all Camp activities without need of individual or specialized attention or medical regimen and that camper's health will not impinge or impact negatively on other campers or the Camp program.

Parent agrees to advise the Camp Directors promptly in writing of any change in the camper's physical or mental health between the date of enrollment and the start of the Camp season as well as throughout Camp season.

The parent who signs this contract will be responsible for payment of all fees charged by the Camp. I have read, understand and agree to the above terms and conditions.

EXTENDED CARE POLICY

Extended Care is available for full day campers only. Morning extended care is available from 7:00 a.m. to 8:45 a.m. for a flat fee of $25 per week. Afternoon extended care is available from 4:15 p.m. to 6:00 p.m. for a flat fee of $25 per week. If a camper has not been signed out by 4:15 p.m. or if they arrive prior to 8:45 a.m. they will automatically be enrolled in extended care. If the camper is not registered for the appropriate extended care a one day fee of $10 will be billed to the parent/guardian. If a camper is not signed out by 6:00 p.m. either Troop K or the Colchester Police will be notified.

I have read the extended care policy and agree to abide by the stated procedures and payment arrangements.

X_____ _____

Signature Parent/Guardian Date

Camper's Name: _____ **Grade in Fall 2010:** _____

Day Camp Grades 1 – 6 **Monday – Friday**

Weekly Sessions: Trip Fee Included	9 a.m. to 4 p.m.	AM Ext. Care (7 a.m. to 9 a.m.)	PM Ext. Care (4 p.m. to 6 p.m.)	**TOTAL**
Week 1: June 21 – June 25	$140 _____	$25 _____	$25 _____	_____
Week 2: June 28 – July 2	$140 _____	$25 _____	$25 _____	_____
Week 3: July 5 – July 9	$140 _____	$25 _____	$25 _____	_____
Week 4: July 12 – July 16	$140 _____	$25_____	$25 _____	_____
Week 5: July 19 – July 23	$140 _____	$25_____	$25 _____	_____
Week 6: July 26 - July 30	$140 _____	$25_____	$25 _____	_____
Week 7: Aug. 2 – Aug. 6	$140 _____	$25_____	$25 _____	_____
Week 8: Aug. 9 – Aug. 13	$140 _____	$25_____	$25 _____	_____
Week 9: Aug. 16 – Aug. 20	$140 _____	$25_____	$20 _____ (NO PM EXT CARE 8/20)	_____
One Time Registration Fee			$10 _____	_____
***DISCOUNTS: 5% EARLY (BEFORE MAY 3rd), & 5% MULTIPLE WEEKS, & 5% SIBLING**				_____
TOTAL:				_____
Amount Paid: **Minimum 50% DEPOSIT**				_____
Balance Due:				_____

Check # _____ Visa/MC # _____ Exp. _____

PAYMENT PLANS ARE AVAILABLE FOR DAY CAMP & KINDERCAMP.
ALL CAMP BALANCES ARE TO BE PAID IN FULL 2 WEEKS PRIOR TO CAMPER'S FIRST DAY.
CAMPERS WITH OUTSTANDING BALANCES WILL NOT BE ALLOWED TO ATTEND CAMP.

Kindercamp - 3 years old BEFORE 12/31/09

Weekly Sessions: 9 a.m. to 11:30 a.m.	Plan A: M-F	Plan B: M-W-F	Plan C: T/Th.	**TOTAL**
Week 1: June 21 – June 25	$67 _____	$50 _____	$40 _____	_____
Week 2: June 28 – July 2	$67 _____	$50 _____	$40 _____	_____
Week 3: July 5 – July 9	$67 _____	$50 _____	$40 _____	_____
Week 4: July 12 – July 16	$67 _____	$50_____	$40 _____	_____
Week 5: July 19 – July 23	$67 _____	$50_____	$40 _____	_____
Week 6: July 26 – July 30	$67 _____	$50_____	$40 _____	_____
Week 7: Aug. 2 – Aug. 6	$67 _____	$50_____	$40 _____	_____
Week 8: Aug. 9 – Aug. 13	$67 _____	$50_____	$40 _____	_____
Week 9: Aug. 16 – Aug. 20	$67 _____	$50_____	$40 _____	_____
One Time Registration Fee			$5_____	_____
TOTAL:				_____
***DISCOUNTS: 5% EARLY (BEFORE MAY 3rd), & 5% MULTIPLE WEEKS, & 5% SIBLING**				_____
Amount Paid: **Minimum DEPOSIT**				_____
Balance Due:				_____

Check # _____ Visa/MC # _____ Exp. _____

*Discounts apply to Kindercampers & Day Campers and can be combined; discounts are calculated on *initial* registration. Sibling discount applies to all campers