

Camp Registration Form

Camper's Name _____ M__ F__

Address _____

Town _____ ZIP _____

Home Phone _____

Grade Entering _____ Date of Birth _____

Work/Cell #s _____

Mother's Name _____

_____ # _____

Father's

Name _____ # _____

Emergency numbers or people authorized to pick up your child.

Name _____ # _____

Name _____ # _____

MiniCamp - Sessions All Day AM only

1a ___ June 30-July 3 \$134 \$ 88

1b ___ July 7-July 11 \$170 \$110

2a ___ July 14-July 18 \$170 \$110

2b ___ July 21-July 25 \$170 \$110

3a ___ July 28-August 1 \$170 \$110

3b ___ August 4- 8 \$170 \$110

Day Camp - Sessions Full Day

1a ___ June 30-July 3 \$104

1b ___ July 7-July 11 \$130

2a ___ July 14-July 18 \$130

2b ___ July 21-July 25 \$130

3a ___ July 28-August 1 \$130

3b ___ August 4- 8 \$130

4 ___ August 11-15 \$130

CIT program 6/30-7/11 _____ \$240

-fee payable after interview (2nd year \$100)

Club Getaway

Gr. 5-9 6/24-6/27 _____ \$420

Falcon Baseball

Gr. 3-8 8/4-8/8 _____ \$120

Soccer Camp

Ages 3-5 7/28-8/1 _____ \$75

Ages 6-16 7/28-8/1 _____ \$145

Sports Camp

(Grade 2-4) 7/14-7/18 _____ \$130

Fun & Games Fitness Camp

(Grade 5-8) 8/11-8/15 _____ \$130

Basketball Camp

Gr. 4-8 7/21-7/25 _____ \$130

Gr.1-3 8/4-8/8 _____ \$120

Tennis Camp

Gr. 2-6 7/7-7/11 _____ \$120

Gr. 6-8 7/14-7/18 _____ \$120

Gr. 2-6 8/4-8/8 _____ \$120

Travel Camp

Gr. 5-9 6/30-7/3 _____ \$248

Gr. 5-9 7/7-7/11 _____ \$310

Gr. 5-9 7/14-7/18 _____ \$310

Gr. 5-9 7/21-7/25 _____ \$310

Gr. 6-10 7/28-8/1 _____ \$370

Gr. 6-10 8/4-8/8 _____ \$370

Wrestling Camp – ½ day

Gr. 3-4 7/14-7/18 _____ \$120

Gr. 5-8 7/14-7/18 _____ \$120

Total Fees for all Camps _____

Total Amount Paid _____

(minimum \$50 per session)

Balance owed (by 6/2) _____

Make checks payable to "Town of Redding"
return to:

Redding Park and Rec.

PO Box 1071

Redding, CT 06875

Park and Recreation Camp Permission Form

I have read the section entitled "Important Info-a Must Read" in the camp section of the brochure and fully understand the information it contained including the refund policies. Signing below is my permission for my child to participate in all camp programs offered including transportation on a school bus. I also give my permission for the camp Director or their designate to treat my child in the event that the parent or guardian cannot be reached in an emergency.

Parent's Signature _____

I authorized the use of this credit card for the above payments.

(Circle one) Mastercard Visa

Credit Card Number _____

Expiration Date _____

Camp Health Form

This information is confidential to camp directors and first aider unless it is needed for medical reasons.

1. Is the camper allergic to:

	YES	NO
Bee stings.....	____>>>	____
Insect bites.....	____>>>	____
Penicillin.....	____>>>	____
Aspirin.....	____>>>	____
Poison Ivy.....	____>>>	____
Particular foods:	_____	
Other medication:	_____	

Has the camper had or is subject to:

	YES	NO
Epilepsy.....	____>>>	____
Heart trouble.....	____>>>	____
Home sickness.....	____>>>	____
Convulsions.....	____>>>	____
Fainting spells.....	____>>>	____
Asthma/ Wheezing	____>>>	____
Frequent stomach upsets...	____>>>	____
Serious illness.....	____>>>	____

List: _____

3. Is the camper under medical care for any illness?

What medications is he taking NOW

Please include any medications he has taken regularly or may be coming off of:

4. Check if camper has been immunized against:

MMR....._____

DPT....._____

HIB....._____

HEPATITIS....._____

POLIO....._____

Active Tetanus Booster: _____

5. Does Camper wear eyeglasses? _____

6. Should the camper's activities be restricted in any way?

7. Name of child's doctor _____

8. Doctor's phone _____

9. Hospital preference _____

10. **Is there any special information that you would like to share that would enable us to serve your child better?**

No Yes*

***The appropriate person from the department will call you or you may attach a note to this form.**

Any camper who has medication administered during camp hours must have our camp's "Administration of Medicine and Medical Treatment Form" filled out by a doctor before attending camp.

Forms are available at the Park and Recreation Office and should be on file the Wednesday before camp begins.

We will not give out medication without a form on file and medicines in their original container.