

DEEP RIVER PARKS AND RECREATION SUMMER YOUTH PROGRAM 2011 REGISTRATION FORM

CHILD'S NAME: AGE: ENTERING GRADE:

PARENT/GUARDIAN NAME(S): BIRTH DATE:

ADDRESS: E-MAIL ADDRESS:

PHONE (CELL): PHONE (HOME): PHONE (WORK):

ALLERGIES OR SPECIAL CONDITIONS:

T-Shirt Size (please circle size) XS (4) S (6/8) M (10/12) L (14/16) XL (18/20)

		8:00-9:00 Precare	9:00-12:00 Regular	
DATES	FIELD TRIPS & SPECIAL EVENTS	\$15.00	\$35.00*	Total
July 5- July 8	Florence Griswold Museum			
July 11 - July 15	Som Saim East Mini Golf			
July 18 - July 22	Square Knights Quest Laser Tag/duck pin bowling		\$45.00	
July 25 - July 29	Rodger Williams Park Zoo			
Aug 1 - Aug 5	Saybrook Bowl			
Aug 8- Aug 12	Square Knights Quest Laser Tag/duck pin bowling		\$45.00	
T-Shirt	Only one T-shirt needs to be purchased-more can be if desired		\$5.00	
*\$35.00 for 1st child \$30.00 for each additional child. \$40.00 for week 3 & 6.				
TOTAL AMOUNT DUE:				

Please check this box if before camp childcare is a necessity for your child to attend camp

EMERGENCY CONTACTS: NAME:
PHONE:

THE FOLLOWING PEOPLE
MAY SIGN MY CHILD OUT:

NAME:
PHONE:

PLEASE READ AND SIGN THE BACK OF THIS FORM. REGISTRATION WILL NOT BE ACCEPTED WITHOUT SIGNATURES ON BACK.

I verify that my child has received all immunizations that are required by the State of CT for participation in this program. I give permission for D.R.P.R. Staff to seek medical attention in the event that neither my child's physician nor I can be contacted in case of an emergency. Please list child's physician below.

Parent/Guardian:

Date:

Doctor's Name:

Doctor's Phone:

I hereby give permission for my child to participate in the activities planned and organized by the Summer Program Staff, including weekly field trips. I agree that the Town of Deep River, Park and Recreation Commission Members and Summer Program Employees are not liable, beyond it's coverage for actual expenses incurred, for treatment of injuries that occurred solely due to actual negligence by the Town of Deep River, Parks and Recreation Commission or it's staff.

Parent/Guardian:

Date:

I understand that my child MUST be signed in and out in person each day. At the school and at Plattwood Park.

Parent/Guardian:

Date:

I understand that I am responsible for adhering to the hours of operation that I have signed up for. Drops off of more than 5 minutes prior to or pickups more than 5 minutes after regular scheduled camp hours will result in a fine of \$5.00 for every 5 minutes that you are late.

Parent/Guardian:

Date:

I, _____(child's name), understand that the rules listed below are rules that I must follow at all times.

1. Absolutely NO swearing.
 2. While playing organized games, counselors calls are to be followed at all times. No arguing over decisions on game play made by any counselor.
 3. No leaving camp grounds while either at the school or at Plattwood Park.
 4. Absolutely NO fighting.
 5. While at Plattwood Park, no going over your "body area" limit per your swim band while in the water. You will be given 1 warning and if you do it again you will have to sit out for 10 minutes. 3 times not following this rule, you will not be allowed back in the water.
 6. While at Plattwood Park, no horseplay in the water.
 7. On field trips you must stay with the group at all times.
- Repeatedly not following any of the above rules could result in your not being able to attend camp anymore.

Child:

Date:

Parent/Guardian:

Date: