

NEWFIELD REGISTRATION 2017

City of Stamford - Recreation Services Division

Child's Name: _____ Age: ____ Grade: _____

Address: _____ Stamford, CT 0690__

Date of Birth: _____ Home Phone: () _____ Work Phone: () _____

Parent/Guardian Name: _____ Cell Phone _____

Emergency Contact: Name: _____ Emergency Contact Phone: _____

Email _____

1. Does your child have any allergies? Yes _____ No _____

2. Is your child taking any medication? Yes _____ No _____

(NOTE- This program does not administer medication in any form to the campers. Any child who must take any medication must make arrangements to do so without the aid of a camp employee.)

3. Does your child have any current or past medical condition? Yes _____ No _____

Explain _____

4. Does your child require eyeglasses, contacts, hearing aids, earplugs to swim or any other medical device? Yes _____ No _____

5. Should your child's activities be restricted in any way? Yes _____ No _____

Explain: _____

6. Does your child have an IEP or 504 in school? Yes ____ No ____ If yes, please complete and hand in the additional accomodations form found on our website.

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Doctor's Name: _____

I have read all the information on this registration form. Below is my signature of consent to transport and treat my enrolled child at a hospital, in the event of an emergency and the parent/guardian cannot be reached. I also give permission for my child to be transported by school bus to local park events and field trips run by the Stamford Recreation Services Activity Program. I hereby agree to indemnify and hold the City of Stamford, its officers, agents and employees harmless from any and all liability as a result of being injured while participating in the above activity/ camp. I certify to the City of Stamford that the participant is in good mental and physical health and able to participate in all related activities .**I understand that the City of Stamford refund policy does not allow for refunds for any reason other than proven medical condition or a proven move from the state.**

Parent/ Guardian _____ Date _____

PMT: \$ _____ CK # _____ CASH _____ CC _____

Birth Certificate (Age5 & 6 only) _____ Lunch Letter _____

T shirt size- (Please circle) Youth M Youth L Adult S Adult M Adult L Adult XL

Request to be placed with a friend (Not guaranteed) _____