

# STILLMEADOW 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.**

If yes, please complete and hand in the additional accomodations form found on our website.

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) \_\_\_\_\_