

**STAMFORD RECREATION SERVICES**  
**TINY TOTS PRESCHOOL CAMP**  
**PROGRAM REGISTRATION 2017**

Please print and fill out completely

Parent/Guardian Last Name _____	Parent/ Guardian First Name _____
Address _____ City _____ State _____ Zip _____	
Home Phone _____ Work Phone _____ Cell Phone _____	
Emergency Contact _____ Emergency Phone _____	
Parent's E-Mail Address _____	
Doctor's Name _____ Allergies/Medications _____	
Email Address _____	
Any other medical or behavioral conditions we should be aware of ? _____	

Name of Participant	M/F	Age	Birth Date	Session #	Fee

**I WOULD LIKE TO MAKE A GIFT TO THE STAMFORD RECREATION SCHOLARSHIP FUND, TO PROVIDE PROGRAMS FOR CHILDREN WHOSE FAMILIES CANNOT AFFORD THEM. ANY AMOUNT IS APPRECIATED. ( ) \$5 ( ) \$10 ( ) \$20 ( ) Other**  
 Thank you for your gift!

The undersigned in consideration for participating in the above listed activity sponsored by the Stamford Recreation Services Division, City of Stamford, hereby agrees 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. The undersigned hereby certifies to the City of Stamford and the Recreation Services Division that the participant is in good mental, physical and health condition and is able to participate in this activity. The participant acknowledges that he/she will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury in this activity.

I understand and agree that photographs may be taken of me or my child during this program sponsored by Stamford Recreation Services and the City of Stamford. I give my permission to use these photographs for publication in brochures, flyers and other forms of publicity by Stamford Recreation Services and the City of Stamford without remuneration or prior approval by me.

PARENT/GUARDIAN- Please print your name \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**I understand that the City of Stamford refund policy does not allow for refunds for any reason other than a proven medical condition or a proven move from the state.** If false information is provided on a registration form, the participant will be dropped from the activity without a refund.

Payment may be made by check, cash, Visa or Mastercard.

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

Birth certificate must be provided at time of registration