

BARRETT PLAYGROUND REGISTRATION 2018

City of Stamford - Recreation Services Division

Child's Name: _____ Age: ____ Grade: ____
Address: _____ Stamford, CT 0690__
Date of Birth: _____ Home Phone: (203) _____ Work Phone: (203) _____
Parent/Guardian Name: _____ Cell Phone _____
Emergency Contact: Name: _____ Emergency Contact Phone: _____
Email Address: _____

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

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

(NOTE- This Playground 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: _____

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!

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 Day Playground 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 (All 5 and 6 year olds) _____ Lunch Letter _____

If your child has an IEP or 504, a copy must be provided at registration. Registration cannot be processed without the paperwork.