

BARRETT PARK OUTDOOR ADVENTURE PROGRAM REGISTRATION 2024

City of Stamford – Parks & Recreation Department

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

Address: _____

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

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 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. I understand & agree that photographs may be taken of me or my child during this program sponsored by Stamford Recreation & the City of Stamford. I give permission to use these photographs for publication in brochures, flyers and other forms of publicity by Stamford Recreation without remuneration or prior approval by me. Late pick up's will be fined \$1.00 per minute.**

Parent/ Guardian _____ Date _____

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

Birth Certificate (All 5 and 6 year olds) _____ Eligibility Letter _____

Fee: **\$450.00** per child: _____ Reduced Fee: **\$225.00** per child: _____

*** Household Income Eligibility Letter you received from the BOE to receive the reduced rate must be handed in!**

Please complete this swim authorization form slip on the back!

SWIM AUTHORIZATION SLIP

NAME OF CAMP: _____ Barrett Adventure Program _____

CHILD'S NAME: _____ DATE: _____

I give permission for my child to swim at a City Beach. _____
(INITIALS)

I give permission for my child to swim at a City Pool. _____
(INITIALS)

I DO NOT grant permission for my child to swim. _____
(INITIALS)

Please give us information regarding your child's water skills:

Does your child usually wear flotation devices while in water? _____
(This would include water wings.)

Any other information you would like to provide concerning this authorization:

Parent or Guardian Signature

Date

Barrett Park Outdoor Adventure Program will run from June 24 through August 9, 2024 & will close at 3:00pm on the last day of camp August, 9, 2024!

- If your child has an IEP or 504 plan and you agree to supply us with a copy after you register, we can better accommodate your child's needs. This will allow us to give them the best possible camp experience this summer.**