

NEWFIELD ACTIVITY PROGRAM REGISTRATION FORM 2024

City of Stamford – Parks & Recreation Department

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: _____.

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. 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. Also, a late fee of \$1.00 per minute will be charged for campers that are picked up late.**

Parent/ Guardian _____ Date _____

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

Birth Certificate (Age5 & 6 only) _____ Eligibility 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) _____

Fee: \$700.00 per child: _____ Reduced Fee \$350.00 perchild: _____ (Household Income Eligibility Letter you received from the BOE to receive the reduced rate!)

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.

Please Complete the Swim Authorization Slip on the back. →

SWIM AUTHORIZATION SLIP

NAME OF CAMP: Newfield Activity Camp

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

Newfield Activity Camp runs from June 24th – August 9, 2024, and will close at 3:00pm on the last day of camp August 9, 2024!