

BARRETT PARK OUTDOOR ADVENTURE PROGRAM REGISTRATION 2026

City of Stamford – Parks & Recreation Department (Ages 6-12)

All children age 6 must submit a copy of their birth certificate to the recreation office within 24 hours of registering to prove their eligibility for the program. Failure to do so will forfeit their spot and the fee is nonrefundable.

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 (6-year-olds) _____ Eligibility Letter _____

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

* The Household Income Eligibility Letter you received from the BOE needed to receive the reduced rate must be handed at your appointment at the time of registration.

Please complete this swim authorization form slip on the back!

