

YOUTH DAY CAMP REGISTRATION FORM

Make check payable to and mail your Registration to:

Middletown Recreation Division
61 Durant Terrace

Middletown Residents only

There is a \$25.00 administrative fee for any refunds

PARTICIPANT HEALTH/CONCERN INFORMATION

List all known allergies:

Any conditions/concerns to share with staff:

Including potential accommodations:

State all medications presently in use:

Circle Yes, No or None for any medications that need to be administered during the Youth Day Program. A doctor's medication form is required for any medications administered.

Participants may only start camp when all signed documentation and medications are received.

- Epi-Pen YES or NO
- Inhaler YES or NO
- Prescription Medication YES or NO
- Over the Counter Medication YES or NO

Walk in or Mail in Camp Registration deadline is 4:00 pm the Wednesday before the program begins.

BUS TRANSPORTATION

All participants must be picked up by a parent/guardian from the bus unless they are enrolled in Camp Great Time.

Yes, child will take bus: Please read the bussing info and choose one site from the available list for pickup and drop off.

Morning Pickup Site: _____

Afternoon Drop off Site: _____

No, my child will not take bus.

This is a two page application.

I give my permission for the following people to pick up my child, in addition to contacts listed on this application.

1. Name _____

Phone Number _____

2. Name _____

Phone Number _____

3. Name _____

Phone Number _____

Name: _____

First Last

DOB: ____/____/____ Age: ____ Gender: ____

Street Address: _____

New Address? _____ Home Phone: _____-____-_____

School attending: _____

Voluntary Demographic Information

Race or Ethnic Group:

__ White/Caucasian __ Black/African American

__ Asian __ Two or more races

__ Hispanic/Latino __ American Native or Alaskan Native

__ Native Hawaiian or other Pacific Islander

Parent Legal Guardian 1st Contact:

Name: First _____ Last _____

Street Address: _____

Work Address _____

City _____ Zip _____

Phone: 1 _____ - _____ - _____

2 _____ - _____ - _____

Parent Legal Guardian 2nd Contact:

Name: First _____ Last _____

Street Address: _____

Work Address _____

City _____ Zip _____

Phone: 1 _____ - _____ - _____

2 _____ - _____ - _____

Parent Legal Guardian 3rd Contact:

Name: First _____ Last _____

Week	Program Name/Number	Dates	After Care	\$
One		June 22 - 26		
Two		June 29 – July 2		
Three		July 6 - 10		
Four		July 13 - 17		
Five		July 20 - 24		
Six		July 27 – July 31		
Seven		August 3 - 7		
Eight	Late Summer Fun @ Spencer	August 10 - 14	N/A	\$ 120
	Please consider a “Send A Child To Camp” Donation	# 150000	TOTAL	\$

MEDICAL RELEASE/PARENTAL PERMISSION FORM/FIELD TRIP PERMISSION: I hereby give permission for my child to participate in the Middletown Recreation Youth Day Programs. In the event photos are taken I hereby give permission for the Recreation Division to use said photos in promotional literature, including but not limited to: social media, brochures and flyers. I understand and agree that recreation programs can be physically demanding but, I feel my child has the physical ability needed to participate. In the event of an emergency and the parent/guardian/or contact person cannot be reached, I hereby give permission for my child to be transported to the Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by my health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program. Additionally, the Recreation Division has my permission to take my child on any field trips that are planned for the Summer Recreation Programs. A photo static copy of this waiver form with my signature shall be considered as valid as the original.

REFUND POLICY: I understand and agree that no refunds will be given after the program starts or for circumstances beyond the control of the Recreation Division (e.g. weather, equipment failure).

Cancellations must be made the Wednesday before the program begins and there is a \$25 processing fee for all refunds.

PARTICIPATION RULES: I hereby agree that I have read and will abide by the Participation Rules outlined on our city website, middletownct.gov/recreation. These are under the policies and rules link. Our Rules are also available in our office.

SUNSCREEN POLICY: I give permission for the City of Middletown staff members to put sunscreen on my child. Additionally, I must supply the sunscreen and it will be labeled with my child’s name.

BUSSING INFORMATION: I have read and acknowledge all bussing information.



Parent/Legal Guardian Signature:

_____ Date: _____

Office use only: Date _____ Staff Initials _____ \$ Rcvd. _____ Cash _____ Check# _____

Credit Card _____ Financial Aid _____ Bus _____ Concerns _____ Med Form _____