

PARTICIPANT INFORMATION

WEEK REGISTERED (CIRCLE ALL THAT APPLY): 1 2 3 4 5 6 7

Child's FIRST Name: _____ LAST Name: _____

HOUSEHOLD INFORMATION:

Parent/Guardian 1 Name: _____ Cell: _____ DOB: _____

Address: _____ Town: _____ Zip Code: _____

Parent/Guardian 2 Name: _____ Cell: _____ DOB: _____

Address: _____ Town: _____ Zip Code: _____

Email (1): _____ Email (2): _____

Emergency Contact Information: Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached **and that is allowed to pick up your child** from the Newington Parks & Recreation Camp RECreate program.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from Newington Parks & Recreation's Camp RECreate program. If there are any changes in these arrangements, I will give written notice in person (with proper identification) in the Parks & Recreation office. Only people listed here and/or Household/Emergency Contact are authorized to pick up your child. If you would like to authorize additional people, please attach their information on a separate piece of paper. **Changes cannot be made at individual camp sites or over the phone. This is strictly enforced for your child's safety.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Medical and Surgical Treatment Release

Release: The information contained herein is accurate to the best of my/our knowledge. By my/our signature below, I/we consent to the following:

- A. Release any and all medical, insurance and/or other records to third party, which are in the possession of the Town of Newington or any other party referred to herein.
- B. For the Town of Newington to acquire medical insurance, and/or other data from third parties to be added to this record, and for those third parties to release such information to the Town of Newington.

I/we authorize duly-licensed physicians, nurses and allied health professionals to provide such necessary medical care and to administer such routine diagnostic tests and procedures in the judgment of the authorized personnel as deemed necessary or advisable for the care of the individual person herein. If the information contained herein refers to an individual other than ourselves, I/we am/are their authorized legal representative and/or guardian(s) and am/are hereby authorized to submit this material and execute this release form.

Participants with Medications / Special Needs

You must complete and submit Supplemental Forms for children with special needs and/or if medications need to be taken during Camp RECreate program hours. **Supplemental Forms MUST be submitted at the time of registration.** Forms are available at the Parks & Recreation office or online at www.newingtonct.gov/parksandrec (found in the forms tab). These forms are designed to aid in your child's successful participation. Written in the space below is my child's history of medical conditions or surgical procedures, special needs, therapy programs and/or regularly taken prescription medications:

_____ **No Medical Concerns**

_____ **No Special Needs**

(Parent/Guardian Initials)

(Parent/Guardian Initials)

Concussion Information: <https://www.cdc.gov/headsup/index.html>

Only the individual(s) signing this form is/are authorized to make additions or revisions.

All changes must be made in person (with proper identification) in the Parks & Recreation office.

SIGNATURE OF PARENT/GUARDIAN 1

PRINTED NAME

DATE

SIGNATURE OF PARENT/GUARDIAN 2

PRINTED NAME

DATE

Camp RECreate 2023 Registration Form (REVISED)

Child's FIRST Name: _____ LAST Name: _____ Gender: _____ DOB: _____

Child's Shirt Size: (Youth Sizes)- XS S M L (Adult Sizes)- S M L XL XXL Age: _____
(circle ONE size)

CURRENT SCHOOL: _____ **GRADE ENTERING IN AUGUST 2023:** _____

Grade child is entering	Week 1 June 19 - 23	Week 2 June 26 - 30	Week 3 July 3 - 7 <small>(no program 7/4)</small>	Week 4 July 10 - 14	Week 5 July 17 - 21	Week 6 July 24 - 28	Week 7 July 31 - Aug. 4
Kindergarten & Grade 1 <small>Mill Pond Park</small>	<input type="radio"/> Code: 2010101-A1	<input type="radio"/> Code: 2010101-B1	<input type="radio"/> Code: 2010101-C1	<input type="radio"/> Code: 2010101-D1	<input type="radio"/> Code: 2010101-E1	<input type="radio"/> Code: 2010101-F1	<input type="radio"/> Code: 2010101-G1
Grades 2 & 3 <small>Mill Pond Park</small>	<input type="radio"/> Code: 2010102-A1	<input type="radio"/> Code: 2010102-B1	<input type="radio"/> Code: 2010102-C1	<input type="radio"/> Code: 2010102-D1	<input type="radio"/> Code: 2010102-E1	<input type="radio"/> Code: 2010102-F1	<input type="radio"/> Code: 2010102-G1
Grades 4 & 5 <small>Churchill Park</small>	<input type="radio"/> Code: 2010203-A1	<input type="radio"/> Code: 2010203-B1	<input type="radio"/> Code: 2010203-C1	<input type="radio"/> Code: 2010203-D1	<input type="radio"/> Code: 2010203-E1	<input type="radio"/> Code: 2010203-F1	<input type="radio"/> Code: 2010203-G1
Grades 6 - 8 <small>Churchill Park</small>	<input type="radio"/> Code: 2010204-A1	<input type="radio"/> Code: 2010204-B1	<input type="radio"/> Code: 2010204-C1	<input type="radio"/> Code: 2010204-D1	<input type="radio"/> Code: 2010204-E1	<input type="radio"/> Code: 2010204-F1	<input type="radio"/> Code: 2010204-G1

Screen Free Summer: To help foster a community of teamwork, trust, and respect we are enforcing a screen free summer for all campers attending Camp RECreate. Cell phones, smart watches and any other communication devices may NOT be used during camp hours. If you feel your child must have a cell phone, it must remain in their backpack, TURNED OFF while at camp. The Newington Parks & Recreation Department is not responsible for any missing devices. Texting, videotaping and photography are NOT permitted anytime during the camp hours. Failure to follow these guidelines will result in confiscation of the cell phone and your child will receive a one day suspension effective the following day. The cell phone may be retrieved by the parent/guardian at the end of the day. In the event of an emergency, any requests to use the cell phone will be monitored by a staff member. We appreciate your cooperation and support.

COVID-19 PROTOCOLS: During the COVID-19 pandemic, proper safety protocols will be followed. I understand that the participant must adhere to all CDC, state, and local COVID-19 guidelines. This includes all social distancing, temperature checks, personal protective equipment requirements, and sanitation protocols. I acknowledge that there is a risk of transmission when in a group setting, even with personal protective equipment. In the event of a positive COVID-19 case, the participants will be required to follow the current CDC quarantining guidelines.

Terms and Conditions of Registration: Assumption of Liability: Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my/their ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors, and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, websites, social media, brochures, pamphlets, and/or flyers. No refunds will be given after a participant has registered and paid for a program, except for medical reasons (illness or injury) which prohibits active participation in the program. A completed Refund Request Form must be accompanied by a note from the participant's physician. The amount refunded will be pro-rated to reflect the number of days remaining that were paid for at time of request. There will also be a \$20 processing fee for any approved refund. At any time before the Camp RECreate program begins, the Camp RECreate program staff shall have the right to cancel enrollment if it determines, in its sole judgment; the child's parent(s)/guardian(s) make an unreasonable demand on the Camp RECreate program. Once the program has begun, the Camp RECreate program staff shall have the right to terminate enrollment and dismiss the child, if it determines in its sole judgment that the child's: (1) behavior proves detrimental to himself/herself, other participants or staff or property, or (2) behavior displays bigotry, bullying or inappropriate sexual acts, or (3) parent(s)/guardian(s) make an unreasonable demand upon the Camp RECreate program and/or staff, or (4) program fee has not been paid in full prior to the start of the program unless prior arrangements have been made with the Department. Children participating in Camp RECreate are to be picked up no later than 5:30 PM. After three occurrences of late pickup, the Newington Parks & Recreation Department reserves the right to apply a minimum fee of \$25.00 for each occurrence. I understand that a refund may not be issued for any missed days or weeks (medical reasons may be an exception).

I/we have read, understand and agree to the above terms and conditions.
 The parent(s)/guardian(s) who sign(s) this contract will be responsible for payment of all fees charged by the 2022 Camp RECreate program.

Parent/Guardian Initials: _____

Checks Payable to: Newington Parks and Recreation

Total Amount Due: _____

<u>Resident Fees</u>	By May 17	After May 17
All 7 Weeks:	\$1,250	\$1,700
Any 1 Week:	\$250	\$310

~ Signature(s) required on the back of this form ~

Please Note: The person(s) signing this form is/are the only person(s) authorized to make changes on this registration form. All changes must be made in the Parks & Recreation office with proper identification. Changes cannot be made at individual camp sites.

<u>Non-Resident Fees</u>	By May 17	After May 17
All 7 Weeks:	\$1,650	\$2,100
Any 1 Week:	\$305	\$375

Sibling Discounts:

10% off for second child
 20% off for third child (and above)

To be eligible for the discounted rates for multiple weeks, you must register and pay for all 7 weeks at the same time. If weeks are not purchased at the same time, individual weekly rates apply.

Register by mail, fax (860-665-8739) or in person

Credit Card # _____

Date: _____

Security Code # _____ Exp. Date _____ / _____

Signature for Credit Card Use: _____