

VACATION CAMP REGISTRATION FORM

PARTICIPANT

Name First _____ Last _____
 D.O.B. ____/____/____ Age ____ M F
 Street Address _____
 City _____ Zip _____
 Phone 1 _____ - _____ - _____
 2 _____ - _____ - _____

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 (18 and under) 1st Contact

Name First _____ Last _____
 Street Address _____
 City _____ Zip _____
 Phone 1 _____ - _____ - _____
 2 _____ - _____ - _____

Parent Legal Guardian (18 and under) 2nd Contact

Name First _____ Last _____
 Street Address _____
 City _____ Zip _____
 Phone 1 _____ - _____ - _____
 2 _____ - _____ - _____
 Email: _____@_____._____

PARTICIPANT HEALTH/CONCERN INFORMATION

List all known allergies:

Any conditions/concerns to share with staff:

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. Forms are also available in our office or online.**

- Epipen YES or NO
- Inhaler YES or NO
- Prescription Medication YES or NO
- Over the Counter Medication YES or NO

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

1. Name _____
Phone Number _____
2. Name _____
Phone Number _____
3. Name _____
Phone Number _____

Write in desired days	Daily Fee
	\$ 24
	\$ 24
Total	\$

MEDICAL RELEASE/PARENTAL PERMISSION In order to participate in Recreation and Community Services Department Programs, I understand and agree that recreation programs can be physically demanding, but I have the physical ability needed to participate. In the event photos are taken or videos recorded, I hereby give permission for the Recreation and Community Services Department to use said photos and recorded videos in promotional literature, social media including but not limited to brochures and flyers. In the event of an emergency and the parent/guardian/emergency contact person cannot be reached, I hereby give permission to be transported (or 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 these programs. A photocopy of this waiver form with my signature shall be considered as valid as the original. **PARENTAL PERMISSION (If under 18 years)** I hereby give permission for my child to participate in Middletown Recreation Division Programs. I understand the programs are physically demanding, but I feel my child has the ability. **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, illness, etc.). **BUS TRIPS/LADY KATHARINE CRUISE/WESLEYAN WALKING MEDICAL EMERGENCY INFORMATION** I understand and agree that the Middletown Recreation Division provides these programs in conjunction with bus and boat tour company vendors and Wesleyan University. Recreation Division offers no medical personnel on these vessels or on-site for emergencies. I understand and agree that no refunds will be given for bus trips. **PARTICIPANT BEHAVIOR RULES** I have read and acknowledge receipt of the participant's behavior rules and understand failure to follow these rules may result in immediate dismissal from recreational programs with no refund fees.

Parent/Legal Guardian Signature: _____ Date: _____

There is a \$25 charge for all refunds.

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