



## April Vacation Camp 2016

Monday April 11th—Friday April 15th



Sign-Up  
Today!

### About Camp

- **Ages:** Grades Pre-K to 8
- **Location:** East Hartford Community Cultural Center  
(50 Chapman Place)
- **Camp Hours:** 8:00am—4:00pm
- **Extended Hour of Camp:** 4:00pm—5:00pm
- **Cost:** \$25 Per Day or \$110 (Camp Hours)  
\$5 (Per Day Extended Hour of Camp)

For More Information:

Phone: 860-291-7160

Fax: 860-282-8239

Web: <http://www.easthartfordct.gov/parks-recreation>

# April Vacation Camp Registration Form

## Participant Information

**LAST Name:** \_\_\_\_\_ **FIRST Name:** \_\_\_\_\_ **Gender (circle):** Male Female  
**D.O.B.:** \_\_\_/\_\_\_/\_\_\_ **Current School Grade:** \_\_\_\_\_ **Current Age:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_

## Parent/ Guardian Information and Pick-Up Authorization

I hereby authorize the following person(s) to pick up the above named participant from the Vacation Camp Program. If there are any changes in these arrangements, I will give written notice. Parents/Guardians must be included on this release. Identification is required at pick-up.

**Parent/Guardian Name(s)** \_\_\_\_\_ , \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone**( ) \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone**( ) \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Age** \_\_\_\_\_

## Registration Information

Please Check Boxes that Apply	42200-1 Mon 4/11	42200-2 Tues 4/12	42200-3 Wed 4/13	42200-4 Thurs 4/14	42200-5 Fri 4/15	
<b>Full Week Regular Hours (\$110)</b> 8:00am—4:00pm	<input type="checkbox"/>					<p style="text-align: center;"><b>Total</b></p> <p><b>Full Week:</b> \$110 x _____ = _____</p> <p><b>Per Day:</b> \$25 x _____ = _____</p> <p><b>Extended Hour:</b> \$5.00 x _____ = _____</p> <p><b>Total: \$</b> _____</p>
<b>Per Day Regular Hours (\$25)</b> 8:00am—4:00pm	<input type="checkbox"/>					
<b>Extended Hour (\$5.00)</b> 4:00pm—5:00pm	<input type="checkbox"/>					
<small>*Please note, Campers who are picked up late will be charged a \$5 fee for every 15 minutes late PER Camper (ex. 2 campers picked up 15 minutes late = \$10 fee). Campers will not be allowed to return to camp until fee is paid.</small>						

The Town of East Hartford Park & Recreation Department Program (as defined below, "Program") involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my child's health is adequate and not under a physician's care for any undisclosed condition that bears upon my child's fitness to participate in the Program. The undersigned hereby agrees: 1. I fully assume all risks associated with utilization of and participation in the program, and agree not to sue and hereby release the Town of East Hartford, it's agents, servants, employees, volunteers, elected officials, boards and commissions (collectively "The Town") , from all liability should an injury to me or my child occur during participation in the program. 2. I, for myself an for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town, from any and all claims, suits or demands by anyone arising from my use of or participation in the program. 3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward. 4. I give permission to the Parks & Recreation Department to use any photo and/or video taken during participation for promotional materials. This waiver applies to the Vacation Camp programs.

**FIELD TRIP TRANSPORTATION** I give permission for my child to be taken on field trips, either on foot or in an authorized vehicle, supervised by staff members. Campers who do not have permission to attend field trips are NOT to be brought to camp for those days. There will be no provision for supervision of campers who do not attend the field trip.

\_\_\_\_\_ **YES**, my child will attend Field Trips                      \_\_\_\_\_ **NO**, my child will not attend Field Trips

Allergies \_\_\_\_\_

Medical Issues/Concerns: \_\_\_\_\_

Does the child have any behavioral issues and if so, what is the best way to address this: \_\_\_\_\_

***If your child requires medication during the camp program, you must fill out a separate form. Please contact the office prior to the start of the program.***

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**