

Town of Clinton Recreation Department
Middle School
2019 Summer Camp Registration

Week 1 July 8 -- 12 _____

Week 2 July 15-19 _____

Week 3 Aug 5 – 9 _____

Week 4 Aug. 12 – 16 _____

Child's Name _____ Child's Age _____

Child's Grade for 2019 – 2020 school year _____

**ONLY CHILDREN ENTERING 6-8 FOR THE 2019/2020 SCHOOL YEAR CAN
ATTEND CAMP - NO EXCEPTIONS**

Parent/Guardian Name _____

Address _____

City _____

Phone _____ Alternate Phone _____ E-Mail _____

This camp is \$75.00 per week for Town of Clinton residents. To others there is a cost of \$225.00 per week. Please enclose payment with your registration. Places cannot be held without payment. Proof of residency is required to register. Thank you!

Date Rec'vd _____

Payment Rec'vd _____

IMMUNIZATION RECORD NEEDS TO BE ATTACHED TO EACH CAMPER'S REGISTRATION FORM – Parent or Legal Guardian Must Initial Here _____

EMERGENCY CONTACTS: It is necessary that we have TWO persons to call that are available during the 9-4pm camp time period.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

If your child has any special needs or special requirements please list here:

If there is an existing Order of Protection, Custody Order or other Court Order pertaining to the custody of your child please indicate below and submit a copy of such Order with this application:

Please list siblings/grades also in camp:

MEDICAL QUESTIONS

1. Does your child have a vision, hearing, or other physical disability which requires special attention or would limit participation in camp activities? ___ Yes ___ No If yes, explain:

2. Does your child require emergency treatment for epilepsy, diabetes, nose bleeds, bee stings, etc. ___ Yes ___ No If yes, explain:

3. Does your child have allergies ___ Yes ___ No If yes, explain: _____

In the space below, please list any additional information you wish we should be aware of: _____

Consent for camp staff to apply sunscreen as needed _____

Parent or Legal Guardian

signature/date