Adventure Day Camp Registration for Ridgefield Residents

One form for each camper please!

A basic medical form also needs to be completed and returned.

Name of Participant_____Date of Birth_____ Current Age____

Nickname_____Grade in fall____Phone_____Email for Updates:_____

Street Address_____ Town_____Zip_____

Does this child have a current Rec Center membership?_____

Mother's Name:_____Father's Name_____

Home Phone:_____Home Phone_____

Daytime Phone:_____Daytime Phone_____

Cell Phone:_____Cell Phone_____

Nanny/ Grandparent/ Caregiver's name and number if applicable_____

Visa/Mastercard only: #_____ Exp. Date:_____

Activity Bar Code # (see reference table)	Camper Name	Session of Camp (week number)	Camp Group Name ("Trailblazers", etc.)	Activity Fee (include nonmember surcharge if applicable)
			TOTAL PAID	$

List any special information about your child that counselors should be aware of.

_____

_____

NEW Refund Policy: 3 Week Deadline –all camps

If you would like a day camp refund it must be requested in person at least **3 weeks** before the actual start of the week in question and is subject to administrative approval. There are no refunds after that except medical absences verified by a physician's note, which will be refunded on a prorated basis. Refund requests made prior to three weeks will be refunded as in the past with a $25.00 administration deduction per child per week. However, you may "transfer" from one week to another week within Adventure Day Camp, if space permits, without a fee. Approved "transfers" to specialty camps incur the Rec Center $25 administration fee. Online convenience & $3 ADA fees are non-refundable.

Waiver of Town Liability: I recognize that because of the nature of the summer day camp activities, my child may suffer an injury. In the event of an injury to my child, I give permission to the Day Camp Staff and to the members of the Parks and Recreation Department to seek medical assistance. I give permission to any emergency personnel and to any attending physician to render emergency medical treatment to my child. I hereby release the Parks & Recreation Department, its employees, instructors and the Day Camp program. I have thoroughly read and fully understand this Medical Release.

Signature of Guardian_____Date_____