



On-line registration available:

www.darienct.gov/yc

(Client will need Family Pin # & Client Barcode to complete on-line registration.

If needed, call 203-656-7388 for those numbers.)

FOR OFFICE USE ONLY

CAMP \_\_\_\_\_ SESSION \_\_\_\_\_
CHECK # \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_
PD IN FULL \_\_\_\_\_ BALANCE DUE \_\_\_\_\_
EARLY DROP OFF COUPONS \_\_\_\_\_
SCHOLARSHIP \_\_\_\_\_

2010 SUMMER CAMP REGISTRATION FORM

Darien Youth Commission — 203-656-7326
2 Renshaw Rd. — Darien, CT 06820 — asillars@darienct.gov

REGISTRATION MUST BE MAILED IF PAYING BY CHECK. IN PERSON REGISTRATION BEGINS 2/16.
NOTE: A NON-REFUNDABLE \$25 REGISTRATION/CANCELLATION FEE IS INCLUDED IN EACH SESSION FEE. (Written cancellation must be submitted by 5/21. After that date, a 25% cancellation fee will be assessed until the start of camp. No refunds will be issued after the start of camp.)

Please use a separate registration form for each child. PLEASE FILL IN COMPLETELY AND PRINT CLEARLY.
CAMPER ELIGIBILITY: a Darien child must have successfully completed kindergarten (be entering first grade) through entering the sixth grade. Based on space availability, non-resident eligibility begins after 5/21/10

Registration deadline: 5/21/10 FEES: \$725 for 6 weeks; \$400 for 3 weeks

PLEASE INDICATE BELOW SESSION(S) DESIRED AND ELIGIBLE CAMP:

(A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH CHILD)

Full 6 weeks (June 21—July 29) CAMP HINDLEY (Completed Kindergarten)
Session I (June 21—July 9) CAMP ROYLE (Completed Grades 1 & 2)
Session II (July 12—July 29) CAMP MATHER (Completed Grades 3, 4 & 5)

CHILD'S NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_ CURRENT SCHOOL: \_\_\_\_\_ AGE: \_\_\_\_\_

IS THIS YOUR CHILD'S FIRST YC SUMMER CAMP EXPERIENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PARENT E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

MOTHER'S WORK PHONE: \_\_\_\_\_ MOTHER'S CELL PHONE: \_\_\_\_\_

FATHER'S WORK PHONE: \_\_\_\_\_ FATHER'S CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT in case Parent/Guardian is unavailable. (This should be someone who can pick up child if sick.)
NAME & ADDRESS \_\_\_\_\_ HOME # \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_

REQUEST TO APPLY FOR A CAMP SCHOLARSHIP

Request for a scholarship application: \_\_\_\_\_ Yes Please indicate scholarship amount requested: \_\_\_\_\_

Please note: ALL CAMPERS ARE REQUIRED TO PAY A NON-REFUNDABLE \$25 PER SESSION FEE, INCLUDING THOSE REQUESTING SCHOLARSHIPS. PLEASE ENCLOSE THIS AMOUNT WITH THIS REGISTRATION FORM.

A scholarship application will be sent with confirmation packet. Scholarship application (with supporting documentation required) must be returned to this office by MAY 3.

PLEASE UNDERSTAND THAT REQUESTING A SCHOLARSHIP IS NOT A GUARANTEE THAT A SCHOLARSHIP WILL BE GRANTED. IF GRANTED, A SCHOLARSHIP MAY BE A FULL OR PARTIAL AWARD OF THE REQUESTED AMOUNT.

**DARIEN YOUTH COMMISSION SUMMER CAMP MEDICAL INFORMATION**

**Please complete the following information regarding your child's health**

Child's Name \_\_\_\_\_

Physician's Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Family Dentist & Address \_\_\_\_\_ Phone \_\_\_\_\_

Is your child in good physical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child have any medical or physical condition that camp staff should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Is your child required to take medication during camp hours? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

**(Please be advised that if your child needs medication during camp hours, a completed Authorization to Administer Medication form must be completed by physician & returned to NYC prior to camp start date)**

In the event of injury or illness, if reasonable attempts to contact parent/guardian and other emergency contact have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed medical professional or facility.

Hospital of Choice: Stamford \_\_\_\_\_ Norwalk \_\_\_\_\_

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for bodily injury, illness and property damage arising from the Youth Commission's Summer Camp Program.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE COMPLETE INFORMATION REGARDING TEE SHIRTS & SWIMMING ABILITY***

**CAMP T-SHIRT:** Campers will receive one free tee-shirt to be worn on field trips. Please indicate size:

CHILD MED \_\_\_\_\_

CHILD LRG \_\_\_\_\_

ADULT MED \_\_\_\_\_

ADULT LRG \_\_\_\_\_

***EARLY DROP-OFF COUPON REQUEST***

Please fill out the following:

# \_\_\_\_\_ Individual

Tickets @ \$4.00 each

# \_\_\_\_\_ Book of 14 @

\$50.00 per book

\_\_\_\_\_ TOTAL

**AMOUNT INCLUDED FOR COUPONS**

***SWIMMING ABILITY:***

Non-Swimmer \_\_\_\_\_

Beg \_\_\_\_\_

Int \_\_\_\_\_

Adv \_\_\_\_\_

**FIELD TRIP PERMISSION & RELEASE**

I give permission for my child \_\_\_\_\_ to go by bus on all scheduled field trips.

I agree to hold the Town of Darien, its agents, employees and volunteers harmless from any and all claims for personal injury, bodily injury, illness and property damage arising from \_\_\_\_\_ participation in the Youth Commission's Summer Camp Program. (child's name)

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Photo Policy:** By registering your child for this program, you give the Youth Commission permission to take and publish photos of your child participating in this program. If you do not wish your child to be photographed, you must include this request in writing along with your registration.