

Chester Parks and Recreation Summer Program Medical Information and Release

Traditional Camp for grades 1 through 7 8:30-3:30, \$95 per 5-day week, circle weeks requested:

July 9 July 16 July 23 July 30 August 6 August 13

Introduction to Camp for ages 4 through 7 8:45-12:15, \$55 per 4-day week, circle weeks requested:

July 9 July 16 July 30 August 6

Please make checks payable to "Chester Parks and Recreation", 203 Middlesex Avenue, Chester, CT 06412

Child's Name: _____

Age: _____ Entering Grade: _____

Parent or Guardian's Name: _____

Address: _____ email: _____

Phone: _____ Daytime Phone if Different: _____

Additional People to Contact in Case of Emergency:

Names: _____ Phone Numbers: _____

The following people have my permission to sign my child out:

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Please list any conditions that your child has, that should be brought to the attention of the Summer Program Supervisor. Please include all concerns, including physical, emotional, and social.

Swimming Level (circle): nonswimmer novice intermediate strong swimmer advanced swimmer

I verify that my child, named above, has received all immunizations, which are required by the State of Connecticut, and is in good health for participation in this program. I give permission for employees of the Chester Park and Recreation Commission to seek medical attention in the event my child's physician, nor I, can be contacted, or in the case of an emergency.

Signature of Parent or Guardian

Date

I hereby give permission for my child to participate in the activities planned and organized by the Summer Program staff. I give permission for my child to be transported to and from special activities. I understand that there are inherent risks to this program and I accept those risks.

Signature of Parent or Guardian

Date

I understand that I am responsible for adhering to the rules in the information letter and the hours of 8:30AM and 3:30PM for Traditional Camp and 8:45AM and 12:15PM for Introduction to Camp, to drop off and pick up of my child at Chester Elementary School or Cedar Lake, except as noted on the calendar. I understand that my child will be withdrawn from the program if they are not picked up on time, or arrive early and are left unattended. I understand that my child will be withdrawn from the program if they are disruptive, or unable to adapt to this program.

Signature of Parent or Guardian

Date