

## **1st-5th Grade Summer Camp Application**

## Old Saybrook Parks and Recreation Summer Camp at the Recreation Center

| Camper Information  | Allowed to register for 4 w                   | veeks only until Ju                        | ne 1st         |   |
|---|---|--|----------------|---|
| Child's Name  | Date o  | of Birth                                   | Entering Grad  | de  |
| Parent/Guardian Name  |   | E-mail address                             |                |   |
| Phone number  | Work Phone                                    |  | Street address |   |
| City  | State   | Zip code                                   |                |   |
| Emergency Contact   |   | Emergency C                                | ontact Phone   | Relationship  |
| I/We am/are the parent(s)<br>engage in any activity of tl<br>necessary for the said par | / Guardian(s) of<br>he Old Saybrook Parks & F | <b>Medical Author</b><br>Recreation Depart | , a mino       | or. During the time that the minor is such medical care as may be |
| Does your child have any  | medical conditions that we                    | should be made                             | aware of?      |   |
|   |   |  |                |   |
| Physicians Name   |   | Physicians pho                             | one number     | Please Finish<br>on Back  |

|  |  | to fill out this form to inform the staff who is allowed camp. Please provide three people who are authorize the can not pick your child up: |  |
|--|--|--|--|
| 1. Name  | Phone Number   | Relationship to Child  |  |
| 2. Name  | Phone Number   | Relationship to Child  |  |
| 3. Name  | Phone Number   | Relationship to Child  |  |
| I give OSPR my authoriza   | n Application Authorization<br>tion to apply sunscreen during the<br>child attends camp.   | Signature<br>ne sessions   |  |
| Saybrook Parks & Recreation may have against the Town sustain as a result of the part. We further agree to indemnify might make or which m | n of Old Saybrook, Old Saybrook Pa<br>icipation by such child in activities of<br>y and hold harmless of all of the for<br>ay be made arising from participation |  | r said child<br>hich may<br>partment. I/<br>which I/We<br>ion. I |
| Parent/Guardian Signatur   | e Date   |  |  |

Pick - up Authorization

Respect Yourself, Respect Others & Respect the Rec

**Additional Information**