

SUMMER 2025 CAMP REGISTRATION

Disclosure:

The Ledyard Parks and Recreation Department sponsors three (3) summer camps at three (3) different locations in Ledyard. Summer camp involves a variety of physical activities, games, group activities, along with various sports. Your child's participation in our programs is by your choice and that of your child. As with any physical activity, there are risks involved that each participant must assume.

RELEASE OF LIABILITY

In consideration for the privilege of participating in Ledyard Parks and Recreation Summer Programs, the undersigned (signature of parent or legal guardian) hereby agrees that:

- 1. I fully assume all risks associated with utilization of and participation in Ledyard Parks and Recreation Summer Programs, even if due to the negligence of the Town of Ledyard, its agents, servants or employees.*
- 2. I hereby release, and agree that I will not sue, the Town of Ledyard, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Ledyard Parks and Recreation Department, its staff members, Parks and Recreation Commission members, from all liability should an injury to my child occur during participation in Ledyard Parks and Recreation Summer Programs, even if caused by the negligence of the Town of Ledyard, its agents, servants or employees.*
- 3. I, for my child, myself and my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the Town of Ledyard, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Ledyard Parks and Recreation Department, its staff members, Ledyard Parks and Recreation Commission members, from any and all claims, suits or demands by anyone arising from my use of or participation in the Ledyard Parks and Recreation Summer Programs, even if caused by the negligence of the Town of Ledyard, its agents, servants or employees.*

The Ledyard Parks and Recreation Department may also videotape or take photographs of participants enrolled in recreation activities, classes or programs. These photos and/or videos may be used for promotional purposes.

I certify by my signature that I have read this document carefully, understand the risks involved with the Ledyard Parks and Recreation Summer Programs participation and wish to continue with my child's participation.

The Town of Ledyard is not licensed by the Office of Early Childhood to offer this program.

Name of Child (Please Print) _____

Signature of Parent/Guardian

Date

SUMMER 2024 CAMP REGISTRATION FORM

Week(s) (circle):

1 (June 23-27) \$195

2 (June 30 - July 1,2,3) \$170

3 (July 7-11) \$195

4 (July 14-18) \$195

5 (July 21-25) \$195

6 (July 28-August 1) \$195

7 (August 4-8) \$195

FEE: _____ CK _____ Cash

Camp Site (circle):

Popcorn Kernels (ages 4-6) – Gallup Hill School

Colonels (ages 7-9) – Ledyard Middle School

Super Colonels (ages 10-13) – Colonel Ledyard Park

Child's Name _____ DOB _____ Entering Grade _____

Address _____ Home Phone _____ E-Mail _____

Father/Guardian's Name _____ Cell Phone _____

Place of Employment & Phone _____

Mother/Guardian's Name _____ Cell Phone _____

Place of Employment & Phone _____

Emergency contacts who have agreed to care for the child when parents are not available:

Name _____ Cell Phone _____

Name _____ Cell Phone _____

In the event that you need your child to be picked up by someone who is not indicated on the list above, you will need to designate a password that indicates to the camp staff that this person has been given permission to pick up your child.

PASSWORD: _____

***** Please include a wallet-size photo of your child. *****

LEDYARD PARKS AND RECREATION DEPARTMENT - HEALTH FORM

Name _____

Last Name

First Name

Family Physician _____ Phone _____

Do you have health/accident insurance? YES NO If yes, name of company _____

Please list any medical and/or limiting physical condition (temporary or permanent) which may affect your child's activities or require us to modify activities appropriately. Identify any special needs (learning disability, hearing loss, etc). _____

Is your child taking any medications? YES NO If yes, please list medications/conditions: _____

Does your child have any allergies, reactions to medications or any other medical limitations? YES NO If yes, please explain: _____

In emergency situations, I hereby authorize the Ledyard Parks and Recreation Staff to take any action it deems necessary for the well-being of my child and to authorize the appropriate medical treatment and transportation by ambulance to the nearest hospital.

Signature of Parent/Guardian

Date