



Seymour Recreation 2009 Summer Program Registration Form

Check #: _____

Amount: _____

20 Pine Street, Seymour, CT 06483
(203) 888-0406

Choose one or more of the following. My Child will be attending:

Gary Park Camp

Chatfield Park Camp

Swim Lessons

Child's Name (last, first) _____ Phone _____

Address _____

Age _____ Date of Birth _____ Grade Entering _____

Parent's or Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's or Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

email address _____

Any Medical Problems/Medications/Allergies or Information you would like our Counselors to know:

Where Parent or Guardian can be reached during camp hours

Mother/Guardian _____ Phone _____

Father/Guardian _____ Phone _____

In case the above parent or guardian can not be reached, please list 1-3 people who can care or pickup your child from the camp.

1st choice _____ Phone _____ friend or family _____

2nd choice _____ Phone _____ friend or family _____

3rd choice _____ phone _____ friend or family _____

Family Physician _____ Phone _____

Please read the following statement carefully and sign below.

I hereby release the Town of Seymour, the Recreation Commission and it's employees and volunteers from all liability during this program. I realize that there is a risk of injury in any activity program and that I am responsible for all medical costs if injury does occur. My child has a doctors permission to participate in this activity. If I cannot be reached in the case of an emergency, I give my permission to have my child taken to the nearest emergency room/hospital/clinic for treatment.

I understand that my child is to be picked up promptly by 1:30 when camp is completed. I also understand that my child is expected to adhere to the rules of the program as set forth by the Recreation Commission. If my child does not adhere to these rules then he/she will face the consequences as noted here and as stated in the program rules. (First offense will mean removal from the remainder of the activity, second offense will mean removal from the remainder of the program). By signing this form I acknowledge that all of the above information is true and that I have read and understand all that is stated herein.

Signature of Parent or Guardian: _____ Date: _____

ALL NEW 2009 Summer Camp Program

***The Seymour Recreation Department is
Proud to Announce a NEW Summer Camp Program.***

We have made some very positive changes to our camp program:
New Check In/Check Out Procedures, New Activities, Rainy Days to be held at the
Community Center (excluding Fridays), New Structure for Camp Activities & Counselors.

CHATFIELD PARK AND GARY PARK PLAYGROUND SUMMER CAMPS

- When:** July 6th through August 14th. Monday through Friday
Time: no earlier than 8:30 am - not later than 1:30 pm
Cost: \$55.00 per child. \$115 for families of 3 or more children
Sites: Chartfield Park or Gary Park
Ages: Children who have completed kindergarten up to Grade 6.

All Campers Must Be Seymour Residents.

Playgrounds are offered as an opportunity for the children to meet with their friends in a constructive and fun environment. Counselors on site will provide guidance in games, arts & crafts, sports and weekly events. For an additional fee there will be offsite trips to such places as Seymour High School Pool, Lake Quassapaug, Roller Magic and more to come.

SWIM LESSONS AT SEYMOUR HIGH SCHOOL POOL

Will be held this year on a limited basis. You may call or visit the Recreation Department for available classes and times after May 14th.

REGISTRATION

- Complete all registration information on the back of this flyer. Registration forms must be signed by a parent/legal guardian. One flyer per child, please. Starting April 24th, additional forms will be available at the Recreation Center Office, Town Clerks Office or The Seymour Public Library.
- All checks must be made out to "Seymour Recreation." NO CASH PLEASE.
- Bring completed form and check to the: Seymour Recreation Office, 20 Pine Street, Seymour, CT on one of the following dates:
Thursday, May 7th 6:30pm - 8:00pm
Monday, May 11th 6:30pm - 8:00pm
Tuesday, May 12th 6:30pm - 8:00pm

All programs will be filled on a first come, first served basis.
All Returned Checks Will Incur an Additional \$20.00 Charge by the Town of Seymour