

Please read carefully and fill out eligibly. Please make sure your email is correct as we will be communicating through email.

## 2021 Summer Camp Registration Form

CAMPER'S NAME: FIRST _____ LAST _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	AGE: _____	DATE OF BIRTH: ____/____/____ MO / DAY / YEAR	GRADE: (Fall 2021)
PARENT/GUARDIAN 1 INFORMATION: FIRST _____ LAST _____	ADDRESS _____		CITY _____ ZIP _____	HOME PHONE: _____ DAYTIME CELL: _____
PARENT/GUARDIAN 2 INFORMATION: FIRST _____ LAST _____	ADDRESS _____		CITY _____ ZIP _____	HOME PHONE: _____ DAYTIME CELL: _____
IN CASE OF EMERGENCY, NOTIFY: FIRST _____ LAST _____	RELATIONSHIP: _____		DAYTIME PHONE: _____	<input type="checkbox"/> HOME <input type="checkbox"/> MOBILE
EMAIL ADDRESSES: (required)	PARENT/GUARDIAN 1 EMAIL: _____	PARENT/GUARDIAN 2 EMAIL: _____	EMERGENCY CONTACT EMAIL: _____	

**Choose your which camp you would like your child to be a part of!**

CITY CAMP Fees: \$100/\$200 EXT. Day: \$50 per session				
Location	Ages	Session 1	Session 2	Session 3
<b>Coogan Pavilion</b> Whalley Ave. & Fitch St.	10-14	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>Lighthouse Pt. Park</b> 2 Lighthouse Rd.	8-11	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>Salpento Rink</b> East Shore Park	10 -14	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day

TINY TOTS-Ages 5-7, Fees: \$125/\$260 EXT. Day: \$50 per session			
Location	Session 1	Session 2	Session 3
<b>Edgerton Park Carriage House</b> 145 Edgehill Rd.	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>Lighthouse Pt. Park</b> 2 Lighthouse Rd.	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day

HERSHEY TRACK & FIELD Ages 6-18 Fees: \$25 6 weeks		
Location	Sessions	Camp hours 5:00-8:00 PM
<b>Bowen Field</b> Crescent St.	<input type="checkbox"/> June 28 -August 6	

*Please choose your child's program(s) and session(s).*  
**\*Non-New Haven Residents can register after May 10<sup>th</sup>\***  
**Session 1: June 28 – July 9 Session 2: July 12 - July 23**  
**Session 3: July 26 – August 6**

ECO ADVENTURE CAMPS - Fees: \$125/\$260 - Junior EXT. Day (\$50 per session), \$200/\$360 – Extreme (No EXT. Day)				
Location	Ages	Session 1	Session 2	Session 3
<b>ECO JUNIOR Trowbridge Env. Center</b> Cold Spring St. & Orange St.	8-11	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>ECO JUNIOR Sound School</b> 60 South Water St.	9-12	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>ECO JUNIOR Barnard Nature Center</b> 200 Derby Ave.	8-11	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day
<b>ECO EXTREME West Rock Nature Center</b> 1080 Wintergreen Ave. Hamden	12-15	<input type="checkbox"/> 1 No EXT. Day	<input type="checkbox"/> 2 No EXT. Day	<input type="checkbox"/> 3 No EXT. Day

PERFORMANCE CAMP Ages 8-13 Fees: \$125/\$260			
Location	Session 1	Session 2	Session 3
<b>Mauro-Sheridan School</b> 191 Fountain St.	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day

SPECIALTY CAMPS Ages 11 - 14 Fees: \$100/\$200			
Location	Session 1	Session 2	Session 3
<b>LGBTQ+</b> <input type="checkbox"/>	<b>E.S.L</b> <input type="checkbox"/>		
<b>Betsy Ross School</b> 150 Kimberly Ave	<input type="checkbox"/> 1 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 2 <input type="checkbox"/> EXT.Day	<input type="checkbox"/> 3 <input type="checkbox"/> EXT.Day

**2021 NEW HAVEN SUMMER CAMP RELEASE AND WAIVER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Health Issues including medication required (If medication required, a doctor’s note is also required)

\_\_\_\_\_  
\_\_\_\_\_

Allergies: Circle: Yes or No If yes, please identify: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Liability Release and Parental Consent Form**

In consideration of the acceptance of my application for the summer recreation program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. This release is intended to discharge in advance the City of New Haven, the New Haven Board of Education, their officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

I hereby attest that I have been informed of the following pertaining to the coronavirus:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC’s guidance](#). Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

I approve this registration and certify that the proposed camper is healthy and able to participate in camp activities. I understand that programs run by the City of New Haven Department of Youth & Recreation are open to all people regardless of gender, race, color, religion, national origin or disability. I have read the guidelines for campers called "Camp Information & Policies" and will abide by them.

I understand that there will be no credits or refunds of camp fees issued once camp has begun. I understand that no refunds are given if a child leaves camp for disruptive behavior. No refunds will be provided if a camper is removed from the camp program without the written recommendation of a health care specialist.

I do hereby consent the use of my child’s image to be used in promotional materials produced for, or by, the City of New Haven’s Department of Youth & Recreation. This shall include, without limitation, still photographs and video clips, publication, and any trade advertising purposes, providing such uses do not constitute a direct endorsement of any product or service.

**Consent of the Parent or Guardian**

I give consent for my child, \_\_\_\_\_ to participate in the above summer camp, and I execute the above liability release on my child’s behalf.

**Consent for Treatment**

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that the City of New Haven will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

**I have read and understood the foregoing registration liability release and parental consent form and agree to all of its terms and conditions.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_