



# Registration Form      Summer Camps

**Please complete a separate form for each child**

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Camper's last name	Camper's first name	Date of birth	male/female
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School	Grade in September
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Home street address	City	State	Zip code
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Mother/Guardian's name	home #	work #	alt. #
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Father/Guardian's name	home #	work #	alt.#
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Emergency contact	home #	work #	alt#
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\_\_\_\_\_

Parent's email address

**Please select all summer camps in which you wish to register your child**

**SUMMER CAMPS**

week-long camps that meet Monday-Friday (ages 4-14)

*(Please circle times)*

- |                          |           |              |            |            |
|--------------------------|-----------|--------------|------------|------------|
| <input type="checkbox"/> | Session 1 | July 6-10    | 9:00-11:30 | 12:00-2:30 |
| <input type="checkbox"/> | Session 2 | July 13-17   | 9:00-11:30 | 12:00-2:30 |
| <input type="checkbox"/> | Session 3 | July 20-25   | 9:00-11:30 | 12:00-2:30 |
| <input type="checkbox"/> | Session 4 | July 27-31   | 9:00-11:30 | 12:00-2:30 |
| <input type="checkbox"/> | Session 5 | August 3-7   | 9:00-11:30 | 12:00-2:30 |
| <input type="checkbox"/> | Session 6 | August 10-14 | 9:00-11:30 | 12:00-2:30 |

Each week-long morning or afternoon camp is \$125.

Total Amount Due: \_\_\_\_\_       Check payable to ESCAPE to the Arts       Cash

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Full name on credit card \_\_\_\_\_

## Medical & Information Release Form

Does your child have any allergies, special health or food requirements?    YES            NO

If YES, please explain: \_\_\_\_\_

List and describe any illness or condition for which your child is now under treatment. In addition, list any disability and any medications your child is taking:

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Please indicate who will pick up your child at the end of the camp program: \_\_\_\_\_

## Permissions Release Form

I give permission for my child to ride the YMCA van if his/her class is taking a camp related field trip.

I waive the Regional YMCA of Western Connecticut, and any of their staff from liability for any injuries or illness, which may occur that are not the result of gross negligence on their part. I also waive the Regional YMCA of Western CT, and any of their staff for any injuries, which may occur in transporting the campers for the purpose of participation.

I give permission for my child to participate in all the ESCAPE to the Arts activities. I also give permission for photographs or video of my child and his/her artwork to be used for publicity purposes.

Permission is hereby granted for any emergency medical treatment, operation, anesthesia or inoculation that might be needed.

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Signature of parent/guardian

Date

**Please send completed registration form with payment.**

**Mail to: Summer Camps, ESCAPE to the Arts, 293 Main Street, Danbury, CT 06810**

**Fax to: (203) 207-5554 (if paying by credit card)**

**For additional information please call (203) 794-1413 or visit [www.escapetothearts.org](http://www.escapetothearts.org)**

