

GRSC Day Camp

2023 Registration Form



****Please fill out separate forms for each child.**

Camper First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

D.O.B. _____ Age at camp wk _____ Grade for school year 2023-24 _____

Parent / Legal Guardian (Billing Party): _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

Parent / Legal Guardian: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

In case of emergency and if the parents or guardians cannot be reached, please list two additional people we can contact. These may NOT be the parents or guardians listed above:

| Name | Relation | Contact # |
|----------|----------|-----------|
| 1. _____ | | |
| 2. _____ | | |

Please list all other individuals authorized to pick up your child:

| Name | Relation | Contact # |
|----------|----------|-----------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Allergies / Medical Concerns / Medications: attach additional information if needed:

My child requires medication administered during camp hours:

NO YES (If yes, complete & submit Medication Authorization Form)

Pediatrician: _____ Practice: _____ Phone: _____

*Please be sure to complete the physical form with immunization records and physician signature.

Please direct any questions or concerns to Allison at camp@guilfordracquet.com. Completed registration forms can be scanned and emailed to beth@guilfordracquet.com.

| <u>Weeks Available</u> | <u>Full Day Camp</u> | <u>Full Day Add on</u> | | | |
|--------------------------------------|--|---|---|--|---|
| Please select in boxes below | 8am-4pm \$325/m. \$460/m. <u>members receive 10 % discount for multiple weeks.</u> <u>multiple children</u> | Add On Camp Lunch (\$45, full week only) | Add On Post Care, 4-6pm (\$55, full week only) | Add On Private Swim (choose 1 or 2 lessons per week, \$50 per 30 minute lesson) | Total Columns across and down |
| Week of 6/19 | XXXXXX | XXXXXX | XXXXXX | XXXXXX | This week is sold out. Email Beth@guilfordracquet.com to be placed on the waitlist. |
| Week of 6/26 | XXXXXX | XXXXXX | XXXXXX | XXXXXXX | This week is sold out. Email Beth@guilfordracquet.com to be placed on the waitlist. |
| Week of 7/3 (no camp on 7/4) | | | | | |
| Week of 7/10 | | | | | |
| Week of 7/17 | | | | | |
| Week of 7/24 | | | | | |
| Week of 7/31 | | | | | |
| Week of 8/7 | | | | | |
| Week of 8/14 | | | | | |
| Week of 8/21 | XXXXXX | XXXXXX | XXXXXX | XXXXXX | This week is sold out. Email Beth@guilfordracquet.com to be placed on the waitlist. |
| Week of 8/28 | XXXXXX | XXXXXX | | XXXXXX | This week is sold out. Email Beth@guilfordracquet.com to be placed on the waitlist. |
| Total Columns across and down | | | | | |

I give permission to GRSC Day Camp to apply sunscreen to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, top of ears, nose, bare shoulders, arms and legs. I will provide sunscreen if I want GRSC Day Camp to use a different type/brand.

Check ONE: Use GRSC Provided sunscreen I will provide my own sunscreen

I give GRSC permission to call 911 or Goose Lane Medical Center in Guilford, CT in case of an emergency.

I, the parent/guardian of minor participant, recognize the possibility of physical injury, associated with the activities at GRSC. I hereby release, discharge and/or otherwise indemnify Guilford Racquet & Swim Club, ARI Development Corp., Inc. and associates, all personnel, against claims by or on behalf of the registrants as a result of the registrant's participation in GRSC programs.

I authorize use of participant photos on GRSC's website, flyers, social media, brochures and advertising.

I fully understand that, despite GRSC's reasonable efforts to mitigate such dangers, there are known and potentially unknown risks of utilizing the GRSC facilities, services, and programs. Accordingly, I will not hold GRSC Day Camp or its affiliates liable for any loss or damage relating to or resulting from an illness even if such loss or damage results from attendance at GRSC.

I HAVE READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY

By signing here, I also agree to all the above permissions, billing, and waivers.

Parent signature _____ Date _____

Credit Card # _____ Exp Date _____ CVV Code _____