

# GRSC Day Camp 2024 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, concerns, and completed registration forms to Allison at [camp@guilfordracquet.com](mailto:camp@guilfordracquet.com).

420 Church Street, Guilford CT 06437    203-453-4367

| <u>Weeks Available</u>               | <u>Full Day Camp</u>  | <u>Full Day Add on</u>                          |   |  |  |
|--------------------------------------|---|---|---|--|--|
| Please select in boxes below         | <b>8am-4pm</b><br>\$360/m, \$495/m, members receive 10% discount for multiple weeks, multiple children after first week is paid in full | <b>Add On Camp Lunch</b> (\$45, full week only) | <b>Add On Post Care, 4-6pm</b> (\$55, full week only) | <b>Add On Private Swim</b> (choose 1 or 2 lessons per week, \$55 per 30 minute lesson) | <b>Total Columns across and down</b>   |
| Week of 6/17                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 6/24                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 7/1<br>(no camp on 7/4)      |   |   |   |  |  |
| Week of 7/8                          | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 7/15                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 7/22                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 7/29                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 8/5                          | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 8/12                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 8/19                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| Week of 8/26                         | XXXXXXXXXX  | XXXXXXXXXX                                      | XXXXXXXXXX  | XXXXXXXXXX   | This week is full. Please email <a href="mailto:camp@guilfordracquet.com">camp@guilfordracquet.com</a> for waitlist. |
| <b>Total Columns across and down</b> |   |   |   |  |  |

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 \_\_\_\_\_