

Windsor Recreation Summer Fun Camp 2025 Registration Packet

Camper's Name (Last Name, First Name)	School Attended in 2024 /2025 Grade Completed
Date of Birth: _____ Male _____ Female Age: _____	Parent / Guardian Email address:
Address	Primary Phone Number:
1. Parent/ Guardian Name	2. Parent/ Guardian Name
1. Parent/ Guardian Numbers * please circle the best number to reach you during camp hours Best Number to Reach Cell Phone Number: Work Number: Work Name & Address:	2. Parent/ Guardian Numbers * please circle the best number to reach you during camp hours Best Number to Reach Cell Phone Number: Work Number: Work Name & Address:

Are there any custody agreements, court orders, or restraining orders pertaining to your child that camp staff should be aware of?

Yes No If yes, please attach a copy

Camp Weeks Regular Day Camp \$175 per week	Camp Day 9:00 – 4:00 Please check weeks below
Week 1 June 23 rd – June 27 th	
Week 2 June 30 th – July 3 rd No camp on July 4 th *145 for this week	
Week 3 July 7 th – July 11 th	
Week 4 July 14 th – July 18 th	
Week 5 July 21 st – July 25 th	
Week 6 July 28 th – Aug 1 st	
Week 7 Aug 4 th – Aug 8 th	

In consideration of being allowed to participate in the Town of Windsor Recreation & Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature:

Date:

**AM Before Care \$30 per week
PM After Care \$30 per week Both
AM & PM Care \$55 per week**

Swim Ability:

Internal Use to be filled out by Recreation Staff Only:

Ages 5-7

Ages 8-10

Ages 11-13

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Camper Registration Information – Camper’s Name:

Emergency Contact – Person other than Parent/ Guardian

Name: _____ **Relation:** _____ **Phone Number:** _____

Address: _____

People authorized to pick your child up from Summer Fun Camp other than yourself

Last Name	First Name	Relationship	Phone # ()
Last Name	First Name	Relationship	Phone # ()
Last Name	First Name	Relationship	Phone # ()

Medical Information

It is important for the Recreation Staff to be fully aware of any allergies, chronic or recurring illnesses, or physical limitations of your child as well as any medications your child is taking. For instance, it is important that we know whether your child has ever been stung, and if there was a reaction to the bee/wasp sting. Does your child require an inhaler for asthma?

Camper’s Physician Name:	Phone # ()
Camper’s Dentist Name:	Phone # ()

Please list and briefly explain the following:

Chronic or Serious Illness:
Allergies:
Current Medications:
Has your child ever been stung (if yes please explain if they had a reaction): Is your child allergic to bees?: Yes or No
Prior Injuries:
Notes: * anything else Shannon Blenis, Recreation Supervisor needs to know about your child to ensure the best camp experience?

**PLEASE ATTACH OR
UPLOAD RECENT
PHOTO OF CAMPER**

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ADA

American Disabilities Act

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Department upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.

Camper's Name:

Does your camper have an IEP or a 504 Plan?(Special Education Plan)

Yes

No

If yes, please provide details

Does your camper have a behavioral plan or a behavior management plan?

Yes

No

If yes, please provide the following: School Attended, Teacher's Name, and Teacher's contact information.

Does your camper have any medical conditions that could interfere with camp activities?

Yes

No

If yes, please provide details

Will your camper be attending Summer School?

Yes

No

I hereby certify that all information provided in the registration for the Summer Fun Camp registration form is accurate and true to the best of my knowledge. I understand that this information is essential for the well-being and safety of my child during the camp activities. I have read and understood the terms and conditions outlined in the camp's rules and regulations.

Parent/Guardian Print Name

Signature