



644 Danbury Road
Wilton, CT 06897
www.theplayplace.net

Memorial Day Camp Registration Form 2024

Child's First Name _____ Last Name _____

Age _____ D.O.B ____/____/____ O Male O Female Grade _____

School _____ Mom's Name _____ Dad's Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ - _____ - _____ Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Email Address _____ @ _____

Emergency Contact #1 _____ Phone # _____

Does your child have any allergies O Yes O No If Yes Please List _____

Monday May 27th 2024

\$65 /Day/ Siblings 10% Discount

Camp Hours

Morning Session (AM) 9am-Noon

Monday May 27th

Cost \$ _____ Deposit \$ _____ Balance \$ _____ Date ____/____/____

Payment Method O Cash O MC O Visa O Amex O Check

CC # _____ / _____ / _____ Exp ____/____ CV _____

CANCELLATION POLICY: No refunds. Program credit/make-ups only at director's discretion. \$10/Day or \$50/ Week deposit due with reservation. Balance due 1st day of camp

Waiver

I accept full responsibility for my Childs' use of any apparatus, appliance, facility, privilege, or service owned or operated by THE PLAY PLACE or while participating in any contest, game, function, exercise, or other activity organized or sponsored by THE PLAY PLACE. This waiver covers activities inside or outside the building. I agree that my child(ren) participate(s) at his/her/their own risk. I shall hold THE PLAY PLACE, its shareholders, directors, officers, employees, representatives, owners, and agents, harmless for any loss claim, injury, damage or liability sustained or incurred by my child's act or omission of an officer, employee, representative, owner or agent of THE PLAY PLACE or its affiliated companies. These hold harmless agreements cover any such loss, cost, claim, injury, damage, or liability sustained or incurred by the use of THE PLAY PLACE.

Parents Signature: _____ Date: _____ Print Name: _____

Program Participant Photo/Video Release: We take pictures of our program participants during activities and special events. I hereby grant permission to the Playplace LLC to use photographs and/or videos of my child(ren) for use in promotional & marketing materials, online & in publications related to The Playplace LLC.

Parents Signature: _____ Date: _____ Print Name: _____

Emergency Contact and Medical Information

Child's Name		Date of Birth	M F Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
1 st Emergency Number	Home/Work Phone	Home /Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Alternative Emergency Contacts AND People Authorized to Pick Up in my Absence

Primary Emergency Contact		Secondary Emergency Contact	
Home /Cell Phone	Work Phone	Home /Cell Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics/First Aider for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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Camp and After School 2024/2025 Health Record

Physical Exams & Immunization Records Are Valid For 1 Year From Date of Last Examination

Name: _____ Date of Birth: _____

Please submit a copy of a Current Immunization Record (Dated within 12 months)- Please Initial Below

____ This camper is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

____ May participate in all camp activities.

Is the child taking prescription or over the counter medication(s)? YES NO If yes, indicate names of medication(s):

Does the child have allergies? YES/ NO Explain: _____

Is the child on a special diet? YES/ NO Explain: _____

Does the child have special needs? YES/ NO Explain: _____

2024 Camp Pick-Up Authorization Form

Child's First Name _____ Last Name _____

Parent/Guardian1: _____ Relation: _____ Cell Phone _____ - _____ - _____

Parent/Guardian2: _____ Relation: _____ Cell Phone _____ - _____ - _____

The following people are authorized to pick-up my child(ren) from The Playplace 2024 Camp in addition to listed people above. I understand my child will be allowed to leave with these additional individuals only on the specific dates provided below. Photo identification will be asked for. Any regularly authorized person for pick-up must be listed on the emergency contact form.

The authorized person must report to the front desk upon pick-up time and present a photo ID then they must sign out a camper by signing their name next to the camper's listed name on the sign out sheet and writing down the campers departure time.

Parent/Guardian Signature _____ Date _____

Authorized Person's Name	Relationship to Camper	Phone Number	Dates:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____