



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

Election 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 _____

Tuesday November 5th 2024

\$65 /Day/ Siblings 10% Discount

Camp Hours

Morning Session (AM) 9am-Noon

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: _____