

**SUMMER CAMP REGISTRATION FORM**  
(Please make sure all information is completely filled in)

60 West Main Street  
Avon, CT 06001  
Fax No. 860-409-4334  
www.town.avon.ct.us

**HOUSEHOLD/ACCOUNT INFORMATION**

Last Name, First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Home Phone: (    )                      Work Phone: (    )                      Cell Phone: (    )

**HOME OR WORK EMAIL ADDRESS:**

**EMERGENCY CONTACT INFORMATION**

1<sup>st</sup> Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
 2<sup>nd</sup> Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**ACTIVITY REGISTRATION INFORMATION**

Child's Last Name	Child's First Name	Date of Birth	Gender	Grade	Activity Name & Session #	Activity No.	Fee

**DEPOSIT OPTION:** (This is only available on registrations received through 5/2/11)  
 Camp Avon:            Session 2: \$55.00      Sessions 1,3- 8: \$65.00  
 Pee Wee Prime Time:    Session 1: \$65.00      Sessions 2 - 4: \$75.00

Choose Payment Schedule:	
1. Deposit: (Per Camp Program)	Deposit Amount \$
2. Pay in Full Now	\$
Optional: Recreational Assistance Fund	RAF Amount
	<b>TOTAL PAYMENT</b> \$
	<b>Bal. Due 5/13/11</b> \$

Payment Method:     MasterCard or     Discover     American Express     Cash     Check No

                                    Visa  
                                     Card  
                                     No. \_\_\_\_\_  
                                     Expiration                      /                      /  
                                     Date                                      \_\_\_\_\_

**MEDICAL:** Please list any problem/disability (learning, emotional, hearing loss, allergies, physical, etc) of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need or to participate in program(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Waiver of Participant by parent or self:** I hereby agree to release, discharge and hold harmless the Town of Avon, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Avon to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Avon does not provide insurance for recreational program participants. **Photo Release: I understand that for promotional purposes the Town of Avon does not provide insurance for recreational program participants. Photo Release: I understand that for promotional purposes the Town of Avon to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

