

Hebron Parks and Recreation Summer Adventure Camp 2025 Registration Form

Camper's Name (First Name, Last Name)	Grade child is going into:
Date of Birth: _____ _____ Male _____ Female Age: _____	Parent / Guardian Email address:
Address	Home Phone Cell Phone (circle one)
1. Parent/ Guardian Name	2. Parent/ Guardian Name
1. Parent/ Guardian Numbers * please circle best number to reach you during camp hours. Home Number: Cell Phone Number: Work Number:	2. Parent/ Guardian Numbers * please circle best number to reach you during camp hours. Home Number: Cell Phone Number: Work Number:

Please select camp weeks below, indicating regular camp week, and/or PM Extended Care.

Camp Weeks Regular Day Camp (All trips are mandatory.)	Regular Camp Day 6:45-5:00 \$188 weekly (NOT INCLUDING TRIP COST)	PM Extended 5:00-6:00 PM \$34wkly/
Week 1, June 23 –June 27		
Week 2, June 30 - July 3 * \$152 for the week * no camp July 4th		
Week 3, July 7 – July 11		
Week 4, July 14 – July 18		
Week 5, July 21 – July 25		
Week 6, July 28 – Aug. 1		
Week 7, Aug. 4 – Aug. 8		
Week 8, Aug. 11- Aug. 15		
TOTAL: *Please note- there is an additional fee for ALL trips. All trips are mandatory.		

Our highest priority is to provide the best camp experience possible while following all guidelines and restrictions to keep our campers and staff safe.

PHOTO POLICY:

By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing, along with your registration.

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify, and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Signature: _____

Date: _____



Hebron Parks and Recreation
148 East St.
Hebron, CT 06248
860-530-1281

www.hebronct.recdesk.com/community

**Hebron Parks and Recreation
Summer Adventure Camp 2025 Emergency Form**

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 Adventure Camp other than yourself:

First and Last Name	Relationship	Phone #
First and Last Name	Relationship	Phone #
First and Last 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?

Please list and briefly explain the following:

Chronic or Serious Illness:

Allergies:

Current Medications:

Medications that will be taken/needed during camp hours: ***please note- child MUST have an updated Medication Administration form, on file, signed by Dr., to store and administer medication.**

Has your child ever been stung (if yes please explain if they had a reaction):
Is your child allergic to bees: Yes / No

Prior injuries:

Notes: *Is there anything else the Recreation Supervisor should know about your child?

**PLEASE ATTACH RECENT
WALLET SIZE PHOTO
OF CAMPER.
(APPLICATION NOT ACCEPTED WITHOUT)**

**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.