

GRSC Day Camp

2026 Registration Form



*****Please fill out separate forms for each child.***

Camper First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

D.O.B. _____ Gender: _____ Age at camp week: _____ Grade for school year 2026-27: _____

Parent / Legal Guardian (Billing Party): _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

Parent / Legal Guardian: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email Address: _____

In case of emergency and if the parents or guardians cannot be reached, please list two additional people we can contact. These may NOT be the parents or guardians listed above:

	Name	Relation	Contact #
1.	_____	_____	_____
2.	_____	_____	_____

Please list all other individuals authorized to pick up your child:

	Name	Relation	Contact #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies / Medical Concerns / Medications: attach additional information if needed:

My child requires medication administered during camp hours:

☐ NO ☐ YES (If yes, complete & submit Medication Authorization Form)

Pediatrician: _____ Practice: _____ Phone: _____

*Please be sure to complete the physical form with immunization records and physician signature.

Please direct any questions, concerns, and completed registration forms to Allison at camp@guilfordracquet.com.

420 Church Street, Guilford CT 06437 203-453-4367, option 8

<u>Weeks Available</u>	<u>Full Day Camp</u>	<u>Full Day Add on</u>			
Please select in boxes below	<u>8am-4pm</u> <u>\$385/m,</u> <u>\$530nm,</u> <u>members</u> <u>receive 10 %</u> <u>discount for</u> <u>multiple weeks,</u> <u>multiple</u> <u>children after</u> <u>first week is</u> <u>paid in full</u>	Add On Camp Lunch (\$50, full week only)	Add On Post Care, 4-6pm (\$60, full week only)	Add On Private Swim (choose up to 3 lessons per week, \$57.50 per 30 minute lesson) List number of lessons requested	Total Columns across and down
Week of 6/15					
Week of 6/22					
Week of 6/29					
Week of 7/6					
Week of 7/13					
Week of 7/20					
Week of 7/27					
Week of 8/3					
Week of 8/10					
Week of 8/17					
Week of 8/24					
Total Columns across and down					

I give permission to GRSC Day Camp to apply sunscreen to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, top of ears, nose, bare shoulders, arms and legs. I will provide sunscreen if I want GRSC Day Camp to use a different type/brand.

Check ONE: ☐ Use GRSC Provided sunscreen ☐ I will provide my own sunscreen

I give GRSC permission to call 911 or Goose Lane Medical Center in Guilford, CT in case of an emergency. In consideration of being allowed to participate in any way in programs, related events and activities at GRSC, I the undersigned, acknowledge, appreciate and agree that: 1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation. 2. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest GRSC employee immediately. 3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE GUILFORD RACQUET & SWIM CLUB/GRSC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premise used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 4. I authorize the use of participant photos on GRSC's website, fliers, social media, brochures and advertising. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER THE AGE OF 18 AT TIME OF REGISTRATION/PARTICIPATION) This is to certify that I, as parent/guardian with legal responsibility for this participation, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

By signing here, I also agree to all the above permissions, billing, and waivers.

Parent signature _____ Date _____

Credit Card # _____ Exp Date _____ CVV Code _____