



Camp Trumbull Summer Program

Co-sponsored by the
Town of Plainville Recreation Department
& PARC
28 East Maple St. PO Box 15, Plainville, CT 06062
Phone/fax: 747-0316

Child's Name: _____

Age: _____ Date of Birth: _____

Parent's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Place of Employment: _____

Cell Phone: _____

Emergency Contact: _____

Phone: _____

Doctor's Name: _____

Phone: _____

Medical Concerns: _____

Behavioral Concerns: _____

Allergies to Medicine: _____

Allergies to Food: _____

Current Medication: _____

Is special assistance required? _____

Will an aid be needed? _____

Should it be necessary, I give permission to have my son/daughter _____ transported to
[] New Britain General Hospital or [] Connecticut Children's Medical Center. Please check which you prefer.

Signed _____

Parent or Guardian

**Over 20 years of summer fun –
Arts & Crafts – Cooking – Music – Theme Days – Field Trips – Snacks – Swimming**

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I, _____, agree to provide the necessary samples of any medications my child would normally be required to have on file during the course of the school year. (example – inhaler, Epi-pen)

Signed _____
Parent or Guardian

Please write a paragraph describing you child:

What would you like your child to gain from their camp experience?

Additional Comments/Questions/Concerns:

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Permission Form

My Child: _____ will attend Camp Trumbull from _____ to _____.

_____ My child will walk to and from Camp Trumbull each day.

_____ I will provide transportation to and from Camp Trumbull each day.

_____ I will provide adult supervision to and from Camp Trumbull for my child each day.

_____ My child will be transported to Camp Trumbull by _____ each day.

During this summer program, we will be doing a variety of activities and taking several field trips (exact dates and locations will be announced). Parental permission must be given for the activities listed below.

Please realize that the Plainville Recreation Department and/or The Plainville Association for Retarded Citizens cannot be held responsible for any problems that should arise, and that your child can participate only at his/her own risk. Of course, caution and sound judgment will be used at all times.

My child may participate in the following activities: (please indicate **Yes** or **No**)

Swimming at the Plainville High School _____

Nature Walks – Plainville: _____

Picnics _____

Recreational Games _____

Day trips _____

Photo/name release _____

Signature of Parent/ Guardian: _____

Date signed: _____

School Information Release

School: _____ Address: _____

Primary Teacher: _____ Phone Number: _____

I, _____ agree to allow the Plainville Association for Retarded Citizens to contact my child's primary teacher in order that his/her needs can be best served during the summer Camp Trumbull Program.

Signature of Parent/ Guardian: _____

Date signed: _____

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**Release of all claims while participating in the Town of Plainville Recreation Department
and the Plainville Association for Retarded Citizens, Inc, activities**

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned, parent, guardian or next friend of _____, a minor of _____ years of age, for and in consideration of participation in Camp Trumbull, co-sponsored by the Town of Plainville Recreation Department and the Plainville Association for Retarded Citizens, Inc., do for myself/ourselves and as parent(s), next friend, or guardian forever release, acquit and discharge the said Town of Plainville, its Recreation Department, Plainville Association for Retarded Citizens, Inc., its employees, directors and officers, from demands, actions and causes of action which I/we or my/our representative may have by reason of an accident, injury or losses occurring during the participation in the organized recreation program named above.

As further consideration of participation in the above named program, I/we agree to indemnify and save harmless the said Town of Plainville and its personnel and Board of Directors and Plainville Association for Retarded Citizens, Inc. and its personnel and Board of Directors against any and all future claims for damages, costs, expenses by or on behalf of the child arising out of or in the course of participating in said program.

NOTICE: Despite every precaution taken by the Town of Plainville and its personnel and the Plainville Association for Retarded Citizens, Inc. and its personnel and the Board of Directors, there is always a chance your child may be injured or hurt participating in the above named activity, and by signing below you acknowledge the same.

Dated at _____, Connecticut, this _____ day of _____ 20__.

Child's Name: _____

Parent's Name: _____

Home Number: _____

Emergency Number: _____

Address: _____

Emergency Contact: _____

Signature of Parent, Guardian or Custodian: _____