

2026 CAMP FORM

Youth & Parent Information

**Child's First Name
(Required):** _____

**Child's Last Name
(Required):** _____

Date of Birth (Required): _____

Grade entering in fall 2026 (Required):

(Select only one option)

- | | | |
|---------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 | <input type="checkbox"/> Grade 3 |
| <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 6 |
| <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 9 |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Grade 12 |
| <input type="checkbox"/> Kindergarten | | |

Gender (Required):

(Select only one option)

- Male
- Female
- Other

If Other, please explain: _____

Address (Required):

Street: _____

Address Line 2: _____

City, State, Zip: _____

**1st Parent/ Guardian Name
(Required):** _____

one most likely available during camp hours

**1st Parent/ Guardian Phone
(Required):** _____

() - _____

Primary Contact # (Best Number to reach during Camp Hours)

**1st Parent/ Guardian Email
(Required):** _____

2nd Parent/Guardian Name: _____

2026 CAMP FORM

2nd Parent/ Guardian Phone: () - _____
Primary Contact #

2nd Parent/ Guardian Email: _____

Who is the custodial parent? (Required):

(Select only one option)

- Mother
- Father
- Both
- Other

If sole custody, please note any special considerations regarding child(ren):

Emergency Contact (other than parent) & CELL PHONE _____
(Required):

2nd Emergency Contact & CELL NUMBER _____
(Required):

List of Adults(Including Parents) who are authorized to pick up your child from camp
(Required):

Include parent's names, emergency contacts, babysitters, family members, etc. Please inform authorized individuals that we will ask for ID upon check out and release the child to only those listed here. Parents will be able to edit this list through out the summer.

Group:

(Select only one option)

FOR DAY CAMP STAFF ONLY

2026 CAMP FORM

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Blue | <input type="checkbox"/> Green |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Red | <input type="checkbox"/> Middle School |

Health & Authorizations

Description

**Health Insurance Plan
(Required):** _____

**Child's Physician & Contact Number
(Required):** _____

**List any Allergies and/or Medications the child takes on a regular basis
(Required):** _____

Additional form is required if meds are to be taken during camp (see Administration of Meds Form)

**Physical Limitations and/or Special Behavior Considerations
(Required):** _____

Does your child have an IEP? (Required):

(Select only one option)

If yes, please call (860) 535-5015 to arrange for a support plan to ensure your child's success within Stonington Human Services programming.

- Yes
 No

- Heads Up to Youth Sports: To help ensure the health and safety of our young athletes, the Centers for Disease Control and Prevention (CDC) has developed the HEADS UP Concussion in Youth Sports initiative to offer information about concussions to coaches, parents, and athletes involved in youth sports. The HEADS UP initiative provides important information on preventing, recognizing, and responding to a concussion. Please visit <http://www.cdc.gov/headsup/youthsports/index.html> and review the information together with your child aged 7 to 19 years old, before registering for any youth sports activity or camp.

2026 CAMP FORM

- Governor's Task Force [Public Act No. 21-64] All youth organizations must be in compliance with the Governor's Task Force on Justice for Abused Children in Connecticut (GTF) which mandates that they: (1) develop instructional guidelines for youth coaches & summer camp counselors on best practices for appropriate interaction with campers (2) develop child sexual abuse informational guidelines that describe (a) abusers' grooming techniques, (b) victim behavior, and (c) methods for contacting the appropriate authorities, and (d) methods for victims to tell a parent or other adult if abuse has occurred; and make both sets of guidelines available on the department's website. Consequently, each operator of a youth sport must then annually distribute a copy of these child sexual abuse guidelines to: (1) each participant's parent or guardian upon enrollment or registration distribute a copy of the best-practices instructional guidelines to their instructors and youth coaches – volunteer or paid. Such distribution may occur by electronic mail. All three documents can be found here: <https://portal.ct.gov/DCF/GTF-CJA/HB-6113> (scroll to the bottom of the page)
- Stonington Human Services reserves the right to take photographs to be used in publications for the Department.
- This is to certify that I have read and understand this waiver, hold harmless agreement, and release of liability, and consent and agree to the release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Stonington and its agents, servants, or employees, from any and all claims, suits, or demands by anyone arising from said participants in programming including claims of negligence on the part of the Town of Stonington and its agents, servants or employees.

**Signature Parent/Guardian
(Required):** _____