

WALLINGFORD PARKS AND RECREATION

SUMMER SIZZLERS 2024

(A Program for kids 12-15 years old program held on M, T, W, Th.)

Participants must be 12 years old by 8/8/2024

Name _____ M__ F__ Birth date ____/____/____

Address _____ Town _____ Phone _____

School _____ Emer. Name/Phone _____
(* different from home number)

Parents Email Address _____

Primary Pick-up Person/Phone # _____ / _____ Relationship _____

Medical Condition _____ Medication _____

*Any child requiring an epi-pen needs to complete a doctor order form prior to the start of camp.

*Please note staff are unable to dispense any medication

* Does your child require any supportive services? Yes ___ No ___

Summer Sizzlers will meet on Monday - Thursday from 8:30am – 3:00pm (unless otherwise noted) at the Rec. Dept. 6 Fairfield Blvd. Sizzlers will go on daily trips throughout CT and surrounding areas.

*****ALL CELL PHONES MUST BE TURNED OFF AND PLACED INSIDE OF PARTICIPANT’S BAG FOR THE DURATION OF THE TRIPS. PARKS AND REC. STAFF NOT RESPONSIBLE FOR LOST OR MISPLACED ELECTRONIC ITEMS.*****

- Program will start on Monday July 1st and end on Thursday August 8th, 2024 (23 days, no camp on July 4th).
- **Program fee:** \$750 per child (\$700 on March 4th only). (Non-Res Fee is \$825). Non residents may register beginning May 1st. Fee includes bus ride to and from trip, trip admission price and activities. Participants should provide their own lunch (unless provided at location/will be noted on calendar), juice, snack, water, sunscreen and any additional spending money for trips. Please note there will be no refrigeration available for lunches. **Some venues do not allow outside food and do not accept cash. It is the participants’ responsibility to have a credit/debit card to purchase food and/or cash that can be used to purchase a gift card at the venue. Participants are responsible for all cash, credit/debit cards, and gift cards.**
- Checks should be made payable to *Treasurer Town of Wallingford.*
- **PLEASE NOTE THERE WILL BE NO REFUNDS ISSUED DUE TO WEATHER AND CHANGE OF SCHEDULE. IE. IF OUTDOOR PROGRAM CHANGES TO INDOOR GYM GAMES, ALTERNATIVE TRIP LOCATION etc.**
- We do not register on a day to day basis, must register for entire program.

Trip/ Injury Release

I, THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD, WHO PARTICIPATES IN THE WALLINGFORD RECREATION SUMMER SIZZLERS PROGRAM, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY AND TRANSPORTATION TO AND FROM THE ACTIVITY. I AM AWARE THAT PARTICIPATION IN ANY RECREATIONAL PROGRAM CAN BE DANGEROUS INCLUDING MANY RISKS AND OR INJURY. I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY AND WAIVE ANY CLAIMS AGAINST THE RECREATION DEPARTMENT, ITS ORGANIZERS, SPONSORS, AND ANY SUPERVISOR APPOINTED BY THEM.

I authorize all representatives of the Wallingford Recreation Department to administer basic first aid to the registrant. Yes ___ No ___ My child has permission to swim Yes ___ No ___

Hospital Registrant should be taken to _____

Family Physician _____ Physician Phone _____

Insurance Company _____ Policy # _____

SIGNATURE _____ DATE _____