

# Silly Joel's Summer Camp

## 2025 Registration Form

*Location: The Scandinavian Club, 1351 S Pine Creek Rd, Fairfield, CT 06824*

### Parent/Guardian Information

- **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Emergency Contact:** \_\_\_\_\_  
(Name, Phone)
- **Work Phone** \_\_\_\_\_

### Camper Information

- **Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_
- **Age:** \_\_\_\_\_ **Entering Grade (2025-2026):** \_\_\_\_\_
- **T-Shirt Size:** ☐ Youth S ☐ Youth M ☐ Youth L ☐ Youth XL

### Session Selection (Select the week(s) your child will attend)

- ☐ **Week 1: Aug. 11-15, 2025**
- ☐ **Week 2: Aug. 18-22, 2025**

### Age Groups

- ☐ **The Butterfly Chasers (Ages 4-5)**
- ☐ **High Flyers (Ages 6-8)**
- ☐ **Elite Eagles (Ages 9-13)**

### Add-Ons

- ☐ **The Breakfast Club (8-9 AM)** Add \$25/day or \$100/week **Week 1** / Days \_\_\_\_\_
- ☐ **The Sun Setter Gang (3-4 PM)** Add \$25/day or \$100/week **Week 1** / Days \_\_\_\_\_
- ☐ **The Breakfast Club (8-9 AM)** Add \$25/day or \$100/week **Week 2** / Days \_\_\_\_\_
- ☐ **The Sun Setter Gang (3-4 PM)** Add \$25/day or \$100/week **Week 2** / Days \_\_\_\_\_

### Authorized Pick-Up Person(s)

(Other than Parent/Guardian)

1. \_\_\_\_\_  
(Name, Phone)
2. \_\_\_\_\_  
(Name, Phone)
3. \_\_\_\_\_  
(Name, Phone)

## Silly Joel's Summer Camp

### Payment Information

**Registration Methods** Email completed form to: [SillyJoelsservices@Gmail.com](mailto:SillyJoelsservices@Gmail.com)  
Call for more info: 203-400-0458

**Child's Name** \_\_\_\_\_ **Parent Name** \_\_\_\_\_

- **Camp Fee:** \$325/week X # \_\_\_\_\_ of weeks = \$ \_\_\_\_\_
- **Add ons** \_\_\_\_\_
- **Total Fee:** \_\_\_\_\_ (Including add-ons)
- **Payment Method:** ☐ Check Number \_\_\_\_\_ ☐ Credit Card \_\_\_\_\_ Exp. \_\_\_\_\_

I agree to pay for the above services in full at the time of registration. \_\_\_\_\_  
(Signature)

## Silly Joel's Summer Camp

### Waiver and Release of Liability

I, the undersigned, being the parent/guardian of the camper named \_\_\_\_\_ (child's name) acknowledge and agree to the following terms in connection with my child's participation in Silly Joel's Summer Camp:

**Assumption of Risk** - I understand that participation in camp activities involves inherent risks, including but not limited to swimming, physical games, arts and crafts, and nature walks. I voluntarily assume all risks associated with these activities, knowing that the camp takes all reasonable precautions to ensure the safety of participants.

**Medical Authorization** - In the event of illness or injury, I authorize Silly Joel's Summer Camp staff to administer first aid and seek emergency medical treatment if necessary. I consent to my child being transported by ambulance to the nearest medical facility if required. I also agree to inform the camp of any medical conditions, allergies, or special needs that may affect my child's participation.

**Release of Liability** - I hereby release, waive, and discharge Silly Joel's Summer Camp, its staff, volunteers, and the Scandinavian Club from any and all liability for any injury, loss, or damage to my child's person or property arising out of participation in camp activities, even if caused by the negligence of the camp or its staff.

**Photographs and Videos** - I grant permission for photographs and videos of my child to be taken during camp activities, which may be used for promotional purposes, including but not limited to social media, brochures, and websites. I understand that no personal identifying information will be shared without my prior consent.

**Behavioral Expectations** - I acknowledge that I have read and agree to the camp's behavioral expectations and guidelines. I understand that failure to comply with these rules may result in my child being removed from camp activities or dismissed from the camp without refund.

**Emergency Contact Information** - I have provided accurate emergency contact information and will ensure that the camp is updated should there be any changes in my child's health or emergency contact details.

By signing below, I confirm that I have read, understood, and agree to all terms and conditions of this waiver.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This waiver ensures that parents/guardians are aware of the risks and responsibilities associated with their child's participation in the camp, as well as the camp's policies regarding medical emergencies, photographs, and behavior.

## Silly Joel's Summer Camp 2025

Please return this portion with your registration packet.

### Acknowledgment of Parent Handbook

By signing below, I acknowledge that I have received and reviewed the Silly Joel's Summer Camp Parent Handbook and understand the camp's policies and procedures.

Name of child \_\_\_\_\_ Age \_\_\_\_\_

Name of child \_\_\_\_\_ Age \_\_\_\_\_

Name of child \_\_\_\_\_ Age \_\_\_\_\_

Print Name of responsible Parent or Guardian \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We look forward to a fun and memorable summer! Thank you for being a part of Silly Joel's Summer Camp family!