



# Torrington Parks and Recreation

## 2022 Summer Action & Adventure Program

**For:** Action Camp - 5 years old - Entering Grade 3; Adventure Camp - Entering Grades 4-8  
**Dates:** Monday-Friday, July 5 - August 12, 2022 - 6 weeks - No Program 7/4/22.  
**Times:** 9:00 AM - 4:00 PM  
**Location:** Action - Pleasant View Park on 86 Durand St.; Adventure - Major Besse Park on 795 Riverside Ave.  
*A calendar of activities, pool days, field trips, and theme weeks will be available prior to the start of the program.*

Action or Adventure: \_\_\_\_\_ Fees: See Fee Schedule\*

Child's Name: \_\_\_\_\_ Entering Grade (Sept. 2022): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Best Daytime Phone Number: \_\_\_\_\_ Parent/Guardian Name (Print): \_\_\_\_\_

Name of persons allowed to pick up my child from the Summer Playground program\*\*:

\_\_\_\_\_  
 \*\* Parent/guardians and those listed here are the ONLY persons to whom your child may be released without written consent from parent/guardian.

Does your child have permission to walk or ride his/her bike to and from the program? Yes / No

T-Shirt Size (Please circle one):      Adult              Youth

T- Shirt Size (Please circle one):      Small              Medium              Large              XL      Other \_\_\_\_\_

The City of Torrington Park & Recreation Department Program (as defined below, "Program") involves a variety of physical activities and there is an element of risk involved, which each participant must assume (including injury, disability or death). I affirm that my health is adequate and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in the Program. The undersigned hereby agrees:

1. I fully assume all risks associated with utilization of and participation in the program(s) listed above and agree not to sue and hereby release the City of Torrington, its agents, servants, employees, volunteers, elected officials boards and commissions (collectively "The City"), from all liability should an injury to me or listed participant occur during participation in said program(s).
2. I, for myself and for my heirs, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City, from any and all claims, suits or demands by anyone arising from my use of or participation in the program.
3. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of my child or ward.
4. I give permission to the Torrington Parks & Recreation Department to use any photo or video taken during participation for promotional materials.
5. Program privileges can be revoked if policies and procedures are not adhered to and refunds will not be issued.
6. This program involves a significant amount of advanced planning. Refunds will NOT be granted once payment is processed for either the entire summer or two week sessions regardless of the circumstances.
7. Late fees will be imposed if children are not picked up at scheduled times.

**Every child must have a separate registration form.**  
**Please complete both the front and back of this form and the Fee Schedule.**



**Torrington Parks and Recreation Dept. Phone: (860) 489-2274**  
**153 South Main Street, Torrington, CT 06790**  
**Info Line: (860) 489-2270**  
**Office Hours: Monday - Friday, 9:00 AM - 4:30 PM**  
**www.torringtonct.org**

**CONSENT FOR EMERGENCY TREATMENT OF MINORS FOR  
TORRINGTON PARKS & RECREATION PROGRAMS**

I authorize any licensed physician to provide proper medical/surgical treatment for my son/daughter in the event of illness or injury related to participation in Torrington Parks and Recreation Programs. I realize that permission is granted prior to any medical need, but is given in order to avoid unnecessary delay in emergency treatment which a physician may deem advisable.

If parent or guardians (listed on previous page) cannot be contacted in the event of an emergency, notify:

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Child's Doctor/Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Parent's Medical Insurance Company: \_\_\_\_\_ Insurance No.: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medications\*: \_\_\_\_\_

\*Parent or guardian must administer any necessary medication to child.

Does your child have any known medical conditions, diagnoses, allergies, recent injuries or physical restrictions that we should know about? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We give our permission for \_\_\_\_\_ to participate in Torrington Parks and Recreation programs, realizing that such activities involve the potential for injury.

I/We have read and understand the policies adopted by the Torrington Parks & Recreation Department and agree to abide by those policies. I/We acknowledge that I/We have read and understand this warning.

\_\_\_\_\_  
Signature of Participant, Parent or Guardian

\_\_\_\_\_  
Date



# Torrington Parks and Recreation 2022 Summer Action & Adventure Program

**For:** Action Camp - 5 years old - Entering Grade 3; Adventure Camp - Entering Grades 4-8  
**Dates:** Monday-Friday, July 5 - August 12, 2022 - 6 weeks - No Program 7/4/22.  
**Times:** 9:00 AM - 4:00 PM  
**Location:** Action - Pleasant View Park on 86 Durand St.; Adventure - Major Besse Park on 795 Riverside Ave.  
*A calendar of activities, pool days and theme weeks will be available prior to the start of the program.*

## Fee Schedule - **TORRINGTON RESIDENT**

Price Per Session – 2 weeks (*Session 1a is four days)	Session 1a 7/5-7/8 \$140.00 No Program 7/4	Session 1b 7/5-7/15 No Program 7/4	Session 2 7/18-7/29	Session 3 8/1-8/12	Total Cost
Session 1a is \$140.00 (one week only) \$300.00 (2 weeks) – includes all activities & visits to pool.	\$140	\$300	\$300	\$300	
<b>Total</b>					

**No discount for siblings if not paying for the entire summer.**

**Payments for All Sessions Due: June 10, 2022**

Price for Entire Summer – One Child – Payments Due June 10, 2022:	Total Cost Sessions 1-3
\$750.00 (Averages out to \$125.00 per week) - includes all activities & visits to pool. (\$140.00 savings).	
<b>Total</b>	

Price for Entire Summer – Multiple Children – Payments Due June 10, 2022:	2 Children	3 Children	4 Children	Total Cost Sessions 1-3
Averages out to \$125.00 per week per child plus sibling discount of \$120.00 applied to each additional child over initial registration. Includes all activities & visits to pool.	\$1380.00 Saves \$420.00	\$2010.00 Saves \$690.00	\$2640.00 Saves \$960.00	
<b>Total</b>				

**This program involves a significant amount of advanced planning. Refunds will NOT be granted once payment is processed for either the entire summer or two week sessions regardless of the circumstances.**

## Fee Schedule - **NON-RESIDENT**

Price Per Session – Session 1a is four days only	Session 1a 7/5-7/8 No Program 7/4	Session 1b 7/5-7/15 No Program 7/4	Session 2 7/18-7/29	Session 3 8/1-8/12	Total Cost
\$320.00 – includes all activities & visits to pool per week.	\$150	\$320	\$320	\$320	
<b>Total</b>					

**No discount for siblings if not paying for the entire summer.**

**Payments for All Sessions – Due: June 10, 2022**

Price for Entire Summer – One Child – Payments Due June 10, 2022:	Total Cost Sessions 1-3
\$840.00 (Averages out to \$140.00 per week) - includes all activities & visits to pool. (\$140.00 savings).	
<b>Total</b>	

Price for Entire Summer – Multiple Children – Payments Due June 10, 2022:	2 Children	3 Children	4 Children	Total Cost Sessions 1-3
Averages out to \$140.00 per week per child plus sibling discount of \$120.00 applied to each additional child over initial registration. Includes all activities, & visits to pool.	\$1560.00 Saves \$360.00	\$2280.00 Saves \$600.00	\$3000.00 Saves \$840.00	
<b>Total</b>				

**This program involves a significant amount of advanced planning. Refunds will NOT be granted once payment is processed for either the entire summer or two week sessions regardless of the circumstances.**

## INFORMED CONSENT

Staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency.

I hereby attest that I have been informed of the following pertaining to the coronavirus:

\* People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance.<sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

\* Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

\_\_\_\_\_  
Signature of Staff or Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's Name (if a parent/guardian)

\_\_\_\_\_  
Date:

<sup>1</sup> Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provider to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.

### ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/ COVID-19

The Novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Torrington and the Parks and Recreation Department ("City") has put in place preventative measures to reduce the spread of COVID-19; however, the City cannot guarantee that you and/or your child(ren) will not become infected with COVID-19. Further, attending the City programs could increase your risk and/or your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by attending the City Parks and Recreation Department programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Parks and Recreation Department programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the City event or participation in City programming ("Claims"). On my behalf, and/or on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the City of Torrington, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City program.

\_\_\_\_\_  
Signature of Participant, or Parent/Guardian of Participant if Under 18

\_\_\_\_\_  
Date