



RECREATION DEPARTMENT

388 PLEASANT STREET, SOUTHINGTON, CT 06489
RECREATIONDEPT@SOUTHINGTON.ORG; 860-276-6219
HTTPS://WWW.SOUTHINGTON.ORG/RECREATION

DAVID A. LAPREAY
*Director of Recreation,
Youth & Senior Services*

JULIA BERARDINELLI
Administrative Assistant

PROGRAM: S.T.E.A.M. Camps Using LEGO®: Ages 5-9 (*August 2024*)
FEE: **Residents:** \$135.00 per child; **Non-Residents:** \$145.00 per child
DUE BY: Monday, July 29, 2024

CHILD'S NAME: _____ AGE: _____

STREET ADDRESS: _____ ZIP CODE: _____

PARENT / GUARDIAN'S NAME: _____

PHONE: _____ E-MAIL: _____

KNOWN ALLERGIES &
MEDICAL CONDITIONS: _____

I, the undersigned, hereby affirm that I am the parent or legal guardian of the above-named child and they have my permission to participate in the S.T.E.A.M. Camp program offered by the Town of Southington Recreation Department and Exceptional Youth Educational Services. I acknowledge the fact that a risk of injury may exist due to the nature of the program. I agree to hold harmless the Town of Southington, the Recreation Department, Exceptional Youth Educational Services, its instructors and all persons connected with the program in the event of any injury incurred. I am also aware that there are no medical personnel in attendance, and I authorize the program staff to act for me accordingly, using their best judgment, in the event of an emergency requiring medical attention.

SIGNATURE OF PARENT/GUARDIAN

DATE

SUBMIT FORM & PAYMENT TO: Recreation Department, 388 Pleasant Street, Southington, CT 06489

Please Make Check or Money Order Payable to "Town of Southington"