



# Registration Form

## Camp Scene Investigators!



**Dates:** Mon-Fri, July 25-29 **Time:** 9:00am-12:00pm

**Location:** Camp Laurelwood

463 Summer Hill Rd, Madison

**Cost:** \$135/camper • **Grades:** 6-8

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless Community Camps Inc, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that Community Camps Inc does not provide accident/medical insurance for program participants. In addition, I give permission for the child(dren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form by July 15 with check payable to:  
Community Camps Inc, PO Box 177, Glastonbury, CT 06033-0177  
Toll-Free: (877) FUN-SUMMER  
OR online registration: [www.communitycamps.com](http://www.communitycamps.com)