



## ***GUIDE TO FORMS – Summer Camps***

1. ***CAMP REGISTRATION*** .....(PG R1)
  - REQUIRED FOR ALL CAMPERS.
2. ***CAMP WAIVER*** .....(PG R2)
  - REQUIRED FOR ALL CAMPERS.
3. ***CHALLENGE COURSE/ARCHERY WAIVER*** .....(PG CC3 – CC6)
  - REQUIRED FOR ALL CAMPERS WHO WANT TO PARTICIPATE IN ACTIVITIES INVOLVING THE ROPES COURSE AND/OR ARCHERY.
4. ***HEALTH EXAM FORM*** .....(PG HE7)
  - REQUIRED FOR ALL CAMPERS - ALTERNATIVELY YOU MAY PROVIDE A COPY OF YOUR SCHOOL FORM OR A FORM COMPLETED BY YOUR PHYSICIAN.
5. ***INDIVIDUAL PLAN OF CARE*** .....(PG PC8)
  - ONLY REQUIRED IF THERE ARE ANY SPECIAL HEALTH CONCERNS (SUCH AS ALLERGIES, MEDICATIONS, ETC.) THAT NEED TO BE ADDRESSED DURING THE CAMP DAY.
6. ***MEDICATION FORM*** .....(PG MF9)
  - ONLY REQUIRED IF CAMPER NEEDS MEDICATION ADMINISTERED DURING THE CAMP DAY.
7. ***RELIGIOUS EXEMPTION FORM*** .....(PG RE10-RE11)
  - ONLY REQUIRED IF YOU ARE OPTING OUT OF MEDICAL EXAM DUE TO RELIGIOUS BELIEFS - FORM MUST BE NOTARIZED.

**\*ALL FORMS MUST BE COMPLETED BEFORE THE CAMPERS FIRST DAY OF CAMP\***



## LYME SHORES SUMMER CAMPS

June 16<sup>th</sup>, 2025 thru August 22<sup>nd</sup>, 2025

### TENNIS CAMP

- ☐ Full Day Full Week \$440.00
- ☐ Half Day Full Week \$235.00
- ☐ Single Day \$100.00

### MULTI-SPORT CAMP

- Full Day Full Week \$395.00
- Half Day Full Week \$215.00
- Single Day \$90.00

|           |      |      |      |     |      |      |      |     |      |      |
|-----------|------|------|------|-----|------|------|------|-----|------|------|
| Sessions: | 1    | 2    | 3    | 4   | 5    | 6    | 7    | 8   | 9    | 10   |
|           | 6/16 | 6/23 | 6/30 | 7/7 | 7/14 | 7/21 | 7/28 | 8/4 | 8/11 | 8/18 |

-----/-----/-----  
PARTICIPANT/S NAME

BIRTHDATE

-----  
PARENTS NAME

PHONE

-----  
ADDRESS

CITY

STATE ZIP CODE

-----  
EMAIL ADDRESS

EMERGENCY CONTACT

Camp Information: More camps, more fun! In addition to our tennis camp, we have a Multi-Sport Camp again this year! Both of our summer camps will operate Monday thru Friday from 9 – 3:30pm starting Monday, June 16<sup>th</sup>.

Extended Day: We will be offering extended day Monday through Friday for our campers. Campers can be dropped off early or picked up late. Early morning extended day will be from 8 – 9am and afternoon extended day will be from 3:30 – 5pm. Early morning extended day will be included for all campers at no extra cost!

\*AFTERNOON EXTENDED DAY PRICES\*

Full Week \$80.00

Single Day \$20.00

4<sup>th</sup> of July Week: Due to the holiday, camp will run from Monday, June 30th to Thursday, July 3rd. Camp rates will be reduced for this week.

Make checks payable to: Lyme Shores Racquet Club

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in summer camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **LSRC LLC, doing business as the Lyme Shores Racquet Club**, and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that summer camp activities (hereinafter collectively referred to as "activity" or "activities"), including but not limited to the use of the high ropes course and archery range, involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; death as a result of drowning or brain damage caused by near drowning; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the acts or conduct of the Club and its employees or negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a Lawsuit, I agree to do so solely in a court located in New London County, Connecticut, and I further agree that the substantive law of Connecticut shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for Releasees' negligence.**

Releasees may capture, use, and disseminate my or my child's image, voice, likeness, or appearance in a photographic image, video, audio recording, digital image, or like media for advertising or promotional purposes without compensation to me or my child. Notwithstanding the foregoing, I may expressly withhold permission for Releasees to use my image, voice, likeness, or appearance by marking my initials here \_\_\_\_\_.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. I am not required to participate in any activity. I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate in the activity at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Camper Name \_\_\_\_\_ Date \_\_\_\_\_

Camper Name \_\_\_\_\_ Date \_\_\_\_\_

### PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

LYME SHORES SUMMER CAMPS  
HIGH ROPES / ZIP LINE / CHALLENGE COURSE / ARCHERY  
PARTICIPANT AGREEMENT FORM

LSRC LLC dba Lyme Shores Racquet Club or Lyme Shores Summer Camps

Participant Agreement

(Including assumption of risks, agreements of release, and indemnity)

Each adult (18 years of age or older) participant in an activity of LSRC LLC (herein referred to as "LSRC") must sign this agreement. If the participant is a minor, a parent or other legal guardian (both herein referred to as "Parent") must sign on behalf of a minor participant.

In consideration of the services of LSRC, I, an adult participant or Parent of a minor participant hereby acknowledge and agree as follows:

Activities: LSRC activities are conducted within challenge course, aerial adventure area, canopy/zip tour, archery, and other outdoor environments. These courses may involve systems of poles, trees, ropes, cables, lumber, and platforms over and on which participants move as they attempt a series of challenging activities at height and may include giant swings, zip lines, and other challenges. The level of exertion required for the activities will be similar to a day of moderate to strenuous exercise. Activities will vary in height and may reach in excess of 30 feet above ground level. Participants will be provided with necessary equipment and receive a general orientation to its use. Activities are subject to the unpredictable forces of nature, and may be so remote that emergency medical and other care is delayed. Participants will have choices regarding their participation and will not be required to participate against his or her wishes.

Risks: I understand and acknowledge that LSRC activities involve risks which could result in damage to my or my minor child's property, injury, or in extreme cases even death. A participant may slip, fall, be struck by falling objects, or experience other unintended contact with natural or man-made structures or other persons. Weather conditions can change quickly and participants will be subject to heat and cold, sudden showers and other weather conditions. Participants may experience motion sickness or other negative physical effects similar, under some condition, to a roller coaster ride. Participants may experience close personal contact with others and inadvertent but possibly unwelcome touching. Participants may be in situations in which they must depend on others for their physical well-being. I understand that the staff of LSRC and other participants may make mistakes that could cause harm to me or the minor participant. The risks described above, and others are inherent in LSRC activities; that is, without them the activities would lose their essential character and value.

**Acknowledgment and Assumption of Risks:** As an adult participant or parent of a minor participant, for myself, or on behalf of a minor for whom I sign, I acknowledge and assume the risks of being enrolled and participating in the activities of LSRC, inherent and otherwise and whether or not described in this document. If I am the parent of a minor participant, I have discussed the activities and their risks with the minor, who understands them and chooses to voluntarily participate.

**Release of Liability:** As an adult participant or as a parent of minor participant (parent, for myself and, to the extent allowed by the laws of Connecticut, on behalf of a minor), I agree to release and not to sue or otherwise make any claim against LSRC, and its owners, directors, employees, agents and contractors (the Released Parties) with respect to injury, death, illness, disease, damage to property or any other loss suffered by me or my minor, arising out of or in any way related to me or my minor being enrolled in or participating in a LSRC activity. This release includes, among others, claims of breach of contract, breach of warranty and strict liability and claims of negligence of a Released Party but not claims of gross negligence or intentionally wrongful conduct.

**Indemnity:** As an adult participant or parent of a minor participant, I agree to indemnify (that is, defend from claims and pay judgments, including costs and attorney's fees) the Released Parties and each of them from claims arising from me or my minor being enrolled in or participating in the LSRC activity. This agreement of indemnity includes claims of others for losses caused by my, or my minor's, conduct, and claims of others, including family members, arising from a loss suffered by me or my minor. This agreement of indemnity includes claims of negligence of a Released Party, but not claims of gross negligence or intentionally wrongful conduct.

**Medical Statement:** A decision to participate is solely the responsibility of the participant and the parents of a minor participant, in consultation with their physician, as they deem necessary. Among the conditions which might affect a person's active participation and concerning which potential participants should consult a physician are the following: cardiac or circulatory issues, asthma, seizure disorders, phobias (including fear of heights and close personal contact with others), allergic reactions, diabetes, pregnancy, head, neck, or spinal injuries, orthopedic conditions, and recent surgeries. Participants must weigh less than 275 pounds. Participants must not be under the influence of drugs or alcohol. LSRC's acceptance of a participant with a medical condition must not be interpreted as LSRC's acceptance of any responsibility for the management of a medical emergency or other event arising from that condition.

By signing this agreement, I declare that neither I, or my minor participant has any condition which might cause us to be a danger to ourselves or to others.

In the event of a medical emergency, I hereby authorize the staff of LSRC to provide or obtain medical care for me, or my minor at my expense.

Other: I understand that I or my minor participant for whom I sign below may be photographed or videotaped while enrolled in a LSRC activity, and I, for myself and for my minor participant consent to the use of such images for informational and publicity purposes on the LSRC website or other media, without compensation.

In the event of a dispute between a Released Party and me, or my minor, I understand and agree that any mediation or suit must be filed and maintained exclusively in New London County, Connecticut, and the laws of the State of Connecticut will apply to the dispute.

This Agreement pertains to LSRC activities occurring at any time up to and including December 31 of the year in which this agreement is signed. Participation in LSRC activities thereafter, if any, will be the subject of another agreement.

[Signatures on Next Page]

Warning: A person who forges the name of another or misrepresents his or her status (as an adult, or parent, for example) bears fully, by contractual indemnity, estoppel or otherwise, the responsibility for any injury or loss suffered by or caused by the person whose participation was facilitated by that forgery or misrepresentation.

I acknowledge and agree that I have read this agreement in its entirety, understand it completely, and agree to be bound by its terms. I agree that it may not be modified except by a written document signed by me, and an authorized representative of LSRC.

Name of Adult Participant or Parent or Legal Guardian of a minor participant:

**SIGNATURE OF ADULT PARTICIPANT OR PARENT OR LEGAL GUARDIAN OF A MINOR PARTICIPANT:**

Parent/Guardian (Print): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(     ) \_\_\_\_\_ - \_\_\_\_\_ Birth-date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

A Parent or Court-Appointed Legal Guardian must sign for a participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

Name of Minor(s) Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Name of Minor(s) Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

# YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF

Physical Exams Are Valid For 3 Years  
From Date of Last Examination



☐ Camper  
☐ Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## TO BE COMPLETED BY THE HEALTH CARE PROVIDER

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

May participate in all camp activities ☐ YES ☐ NO

May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? ☐ YES ☐ NO If yes, indicate names of medication(s): \_\_\_\_\_

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? ☐ YES ☐ NO

If yes, please explain \_\_\_\_\_

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? ☐ YES ☐ NO

Additional Comments:

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

Printed Name of Health Care Provider: \_\_\_\_\_

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

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_



**Individual Plan of Care for a Child**

With Special Health Care Needs or Disabilities

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Special

health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

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

Date Signed:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

## **Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel**

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

### **Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Child/Student \_\_\_\_\_ Town \_\_\_\_\_

Medication Name/Generic Name of Drug \_\_\_\_\_ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Method/Route \_\_\_\_\_

Time of Administration \_\_\_\_\_ If PRN, frequency \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relevant Side Effects of Medication \_\_\_\_\_ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs \_\_\_\_\_

Plan of Management for Side Effects \_\_\_\_\_

Prescriber's Name/Title \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Town \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Nurse Signature (if applicable) \_\_\_\_\_

### **Parent/Guardian Authorization:**

- ☐ I request that medication be administered to my child/student as described and directed above
- ☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- ☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent /Guardian's Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL**

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
Today's Date \_\_\_\_\_ Printed Name of Individual Receiving Written Authorization and Medication \_\_\_\_\_

Title/Position \_\_\_\_\_ Signature (in ink or electronic) \_\_\_\_\_

**Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

# Lyme Shores Summer Camp

## Religious Exemption Statement

\_\_\_\_\_  
(Printed full, legal name of child)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 19a-428 so that the child may enroll in youth camp at \_\_\_\_\_.
2. I am the lawful ☐parent ☐guardian of the child.
3. Immunizing said child would be contrary to the ☐child's ☐parent's ☐guardian's religious beliefs.
4. I understand that by claiming this exemption the child shall be exempt from one or more of the immunizations required by Conn. Gen. Stat. §§ 19a-428 and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified youth camp program, all susceptible children, including the child named above will be excluded from the youth camp program if a public health official determines that the program is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the named child shall be excluded from the program until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

\_\_\_\_\_  
of Parent(s)      Signature of Parent(s)/Guardian(s)      Date      \_\_\_\_\_      Name(s)

\_\_\_\_\_  
of Parent(s)      Signature of Parent(s)/Guardian(s)      Date      \_\_\_\_\_      Name(s)

\_\_\_\_\_  
Address (Street & House or Apt. Number)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State and Zip Code

## ACKNOWLEDGEMENT

STATE OF CONNECTICUT

:

: ss: COUNTY OF

:

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
Judge  
Family Support Magistrate  
Clerk/Deputy Clerk (include seal)  
Town Clerk  
Notary Public My Commission expires (\_\_\_\_\_)  
Justice of the Peace  
Commissioner of the Superior Court (bar no \_\_\_\_\_)