

Waterboro Parks and Recreation Vacation Fun Camp 2017 – Registration

Camper Information

Camper Name (one child/form): _____ Age: _____
 Mailing Address: _____
 Email: _____ Grade entering in Fall: _____
 Names of other children registered for this camp: _____

List any allergies, medications, recent surgeries/injuries, or relevant medical information we should know about:

Parent/Guardian Information:

Primary Caregiver: _____ Phone: _____ Cell: _____
 Secondary Caregiver: _____ Phone: _____ Cell: _____

Emergency Contact (if Primary and Secondary cannot be reached):

Name: _____ Phone: _____

The following additional individuals are allowed to pick my child up from camp:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian—Participant Release Waiver

The Parent/Legal Guardian signed below knowing fully that the Waterboro Parks & Recreation Department provides the program and all aspects associated with these being the Facility(ies), Instructors, Equipment, and Supervision hereby: 1. Agree to furnish my own insurance in case of injury. 2. Testify that the participant is of sound health and is capable of participation in the registered program. 3. Assume all risks and responsibilities of possible injury involved with participating in this program. 4. I further agree to indemnify and hold harmless the town of Waterboro, the Parks and Recreation Department, all employees, to include volunteers, from liability resulting from participating in this program. 5. I give permission to emergency personnel to administer treatment in the case of injury during the program.

 Signature of Parent/Legal Guardian

 Date

Please Circle: Week #1 Aug 7-11 #2 Aug 14-18 #3 Aug 21-25

Camp Hours are 8:00a.m. to 4:00p.m. Early Drop (6am) and late Pick Up (6pm) are \$3/hour per child

Will you be needing: Before Care? YES NO After Care? YES NO

Please circle which days: Mon Tues Wed Thu Fri Approx. Arrival Time _____ Approx. Pick Up Time _____

RATES: \$140/Week or \$35 Daily

Payment History:

Office use only

Date	Due	Paid	Check #	Comments
_____	_____	_____	_____	_____