

# Waterboro Recreation

## Summer Day Camp 2018 – 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:

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

Your child will be participating in weekly swimming activities. It is imperative for us to know your child's swimming ability. Please circle the most appropriate swimming level:

**None   Fair   Average   Excellent**

### 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:

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
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\_\_\_\_\_  
\_\_\_\_\_

### Parent/Guardian—Participant Release Waiver

The Parent/Legal Guardian signed below knowing fully that the Waterboro 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 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

# Waterboro Recreation

## Summer Day Camp 2018 Enrollment Options

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

***PLEASE NOTE: 6 WEEK REGISTRATIONS INCLUDE  
Breakfast, Lunch and Field Trips***

***RATES FOR RESIDENTS OF WATERBORO***

All 6 Weeks \_\_\_\_\_ \$700/child \_\_\_\_\_ \$1300/two children \_\_\_\_\_ \$1825/three children

Weekly \$150 \_\_\_ 7/2-7/6 \_\_\_ 7/9-7/13 \_\_\_ 7/16-7/20 \_\_\_ 7/23-7/27 \_\_\_ 7/30-8/3 \_\_\_ 8/6-8/10

***RATES FOR NON-RESIDENTS OF WATERBORO***

All 6 Weeks \_\_\_\_\_ \$725/child \_\_\_\_\_ \$1350/two children \_\_\_\_\_ \$1875/three children

Weekly \$160 \_\_\_ 7/2-7/6 \_\_\_ 7/9-7/13 \_\_\_ 7/16-7/20 \_\_\_ 7/23-7/27 \_\_\_ 7/30-8/3 \_\_\_ 8/6-8/10

**Camp Hours are 8:00a.m. to 4:00p.m.**

Early Drop off (6am) and Late Pick Up (6pm) are available.

Early Drop Off is \$25 a week, per child. Late Pick Up is \$25 a week, per child.

Will you need: Before Care? \_\_\_ YES \_\_\_ NO      After Care? \_\_\_ YES \_\_\_ NO

Approx. Arrival Time \_\_\_\_\_ Approx. Pick up Time \_\_\_\_\_

**We accept cash, checks, and offer weekly and/or bi-weekly payment plans. Full payment must be received by June 29 unless prior arrangements have been made. Please make checks payable to Waterboro Recreation.** I agree to the payment plan listed below. I understand that if this arrangement is not fulfilled my family may not be able to participate further in this or any other Waterboro Recreation program. I further acknowledge that I have received, understand and accept all policies associated with this program.

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**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

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**Payment Plan:** \_\_\_\_\_ **Office use only** \_\_\_\_\_

Date	Due	Paid	Balance	Check #	Comments: