Waterboro Recreation
Teen Adventure Camp 2018 Registration

Participant Name (one per form):_____Age:_____

Mailing Address:_____ Grade entering in Fall: ___
Parent/Guardian Email: _____
Please list any allergies, medications, recent surgeries, injuries, or relevant medical information:
_____
_____

PARENT/GUARDIAN INFORMATION

Primary Caregiver: _____Relationship:_____ Tel: _____

SecondCaregiver:_____Relationship:_____Tel:_____

Emergency Contact:
_____Phone:_____

Resident: Tue/Wed/Thu $625 Non-Res: Tue/Wed/Thu $650
Camp runs Tues-Wed-Thu, July 3- Aug 9. Price includes all transportation and field trip costs.

TOTAL DUE:_____ Cash_____ Check#_____

PARENT/LEGAL 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 – facilities, 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 participating 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 Recreation Department, all employees, to include volunteers, from liability resulting from participation in the program. 5. I give permission to emergency personnel to administer treatment in the case of injury during the program. I have read the discipline policy and will discuss it with my child prior to the first day of camp. 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.

_____ _____
(Signature of Parent/Legal Guardian) (Date)

We accept cash, checks, 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.
Payment Plan: Office use only:

Date	Due	Paid	Balance	Check #	Comments