

Waterboro Recreation

Vacation Fun 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:

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

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Parent/Guardian Information:

Primary Caregiver: _____ Phone: _____ Cell: _____

Secondary Caregiver: _____ Phone: _____ Cell: _____

Emergency Contact (if primary and secondary cannot be reached):

Name: _____ Phone: _____

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, the 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 13-17 #2 Aug 20-24 #3 Aug 27-31

**RATES: 8am-4pm: \$140/Week or \$35 Daily.
 Before (6am-8am) and After Care (4pm-6pm): Additional \$40/Week**

Camp Hours are 8:00a.m. to 4:00p.m. Early Drop (6am) and late Pick Up (6pm)

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

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

Payment History: _____ Office use only

Date	Due	Paid	Check #	Comments
_____	_____	_____	_____	_____