

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:

| Name | Relationship | 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 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

