

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 June 25-29 Week #2 Aug 13-17 #3 Aug 20-24

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 |
|------|-----|------|---------|----------|
| | | | | |