

# Waterboro Recreation

## Summer Day Camp 2019 – 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:

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T Shirt Size: \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS \_\_\_\_\_AM \_\_\_\_\_AL

### 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
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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

