

**Waterboro Parks and Recreation  
Summer Day Camp 2010 – Registration Form**

**Camper Information**

Camper Name (one child/form): \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**

Is your child allowed to walk or ride a bike home?                      **Yes        No**

**Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/Guardian—Participant Release Waiver**

The Parent/Legal Guardian signed below knowing fully that the Waterboro Parks & 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 Parks and 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

