

**Waterboro Parks & Recreation
Registration Form**

Waterboro Parks & Recreation
24 Townhouse Rd.
E. Waterboro, ME 04030

Program: VACATION FUN CAMP

Participant's Name: _____ **Age:** _____ **Grade:** _____

If under 18 years of age
Parent/Guardian Name: _____

Mailing Address: _____

Day Phone: _____ **Evening Phone:** _____ **Emergency Contact/Phone:** _____

I, _____, elect to, or have elected to have my child named above, to participate in the above listed Waterboro Parks & Recreation program. I understand there are inherent risks in any athletic activity. With this in mind, I hereby release, waive, discharge, and covenant not to sue Waterboro Parks & Recreation, hereinafter referred to as "Town," its present and future agents, officers, directors and employees, and the owner/operator of the above listed program (should there be any), hereinafter referred to as "Program," its present and future agents, officers, directors, and employees from all liability, for any and all loss, damage, and any claim or demands whatsoever on account of bodily and personal injuries, death, property damages or damages of whatever kind, whether caused by the negligence of the Town or the Program, any unsafe property or equipment, or otherwise. If I breach this agreement, I shall be liable to the Town and the Program for any costs incurred, including but not limited to attorney's fees.

The undersigned has read carefully and voluntarily signs the release waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant or Parent/Guardian Signature Date

CIRLCE CAMP WEEKS

Payment Info:

June 22-26

June 29-July 3

Aug 17-21

Aug 24-28

Today's Date: _____

Amount Due: \$30/day

\$125/week

\$450/all four weeks

Payment Due With Registration

Paid by: _____ **Cash** _____ **Check**

Checks payable to: Waterboro Parks & Recreation