

Waterboro Recreation

Teen Adventure Camp 2021 Registration

Participant Name: _____ **Age:** _____

Mailing Address: _____ Grade entering in Fall: _____

Parent/Guardian Email: _____

Please list any allergies, medications, recent surgeries, injuries, or relevant medical information:

PARENT/GUARDIAN INFORMATION

Primary Caregiver: _____ Relationship: _____ Tel: _____

Second Caregiver: _____ Relationship: _____ Tel: _____

Emergency Contact: _____ Phone: _____

Resident: Tue/Wed/Thu \$875 Non-Res: Tue/Wed/Thu \$900
Camp runs Tues-Wed-Thu, July 6-Aug 19. Price includes all transportation and field trip costs.

TOTAL DUE: _____ **Cash** _____ **Check#** _____

PARENT/LEGAL 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 – facilities, 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 participating 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 participation in the program. 5. I give permission to emergency personnel to administer treatment in the case of injury during the program. I have read the discipline policy and will discuss it with my child prior to the first day of camp. I agree to the payment plan listed below. I understand that if this arrangement is not fulfilled my family may not be able to participate further in this or any other Waterboro Recreation program. I further acknowledge that I have received, understand and accept all policies associated with this program.

 (Signature of Parent/Legal Guardian)

 (Date)

We accept cash, checks, weekly and/or bi-weekly payment plans. Full payment must be received by June 1st unless prior arrangements have been made. Please make checks payable to Waterboro Recreation.

Payment Plan:

Office use only:

Date	Due	Paid	Balance	Check #	Comments

- \$100.00 increase has been added for 2nd bus due to COVID-19. (Driver, fuel, and bus)