

Waterboro Parks and Recreation Summer Day Camp 2016 – 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:

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

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 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

Waterboro Parks & Recreation

Summer Day Camp 2016 Enrollment Options

Camper Name: _____ Age: _____

***PLEASE NOTE: 6 WEEK REGISTRATIONS INCLUDE
Red Cross Swim Lessons*, Breakfast, Lunch and Field Trips***

**Swim lesson space is limited to the first 50 students registered for the full 6 weeks*

RATES FOR RESIDENTS OF WATERBORO

All 6 Weeks \$675/child \$1275/two children \$1800/three children

Weekly \$135 6/27-7/1 7/5-8 7/11-15 7/18-22 7/25-7/29 8/1-5

RATES FOR NON-RESIDENTS OF WATERBORO

All 6 Weeks \$700/child \$1350/two children \$1850/three children

Weekly \$140 6/27-7/1 7/5-8 7/11-15 7/18-22 7/25-7/29 8/1-5

Camp Hours are 8:00a.m. to 4:00p.m.

Early Drop off (6am) and late Pick Up (6pm) are available for \$3/hour per child

Will you be needing: Before Care? YES NO After Care? YES NO

If yes, please circle which days: Mon Tues Wed Thu Fri

Approx. Arrival Time _____ Approx. Pick Up Time _____ Notes: _____

A minimum 30% deposit is due at time of registration. We accept cash, checks, weekly and/or bi-weekly payment plans. Full payment must be received by July 22. Make checks payable to Waterboro Parks and Recreation.

I agree to the above payment plan. I understand that if this arrangement is not fulfilled my family may not be able to participate further in this or any other Waterboro Parks and Recreation program. I further acknowledge that I have received, understand and accept all policies associated with this program.

Signature of Parent/Legal Guardian

Today's Date

Payment History:

Office use only

Date	Due	Paid	Balance	Check #	Comments
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