

Waterboro Parks & Recreation

Teen Adventure 2016 – Registration Form

Participant Name (one per form): _____ 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 \$600 Camp runs Tues-Wed-Thu, July 5- Aug 11
Non-Res: Tue/Wed/Thu \$625 Tuition includes all transportation and field trip costs

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

I have read the discipline policy and will discuss it with my child prior to the first day of camp.

(Signature of Parent/Legal Guardian)

(Date)

PARENT/LEGAL 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 – 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 Parks & 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.

(Signature of Parent/Legal Guardian)

(Date)

Payment History/For Office Use Only

Date	Due	Paid	Balance	Check #	Comments
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