

Waterboro Recreation Summer Day Camp 2023 – Registration

Camp Dates TBD

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. If your child does NOT have any allergies, medications, injuries, or important medical information, please write N/A or None:

T Shirt Size: _____ YS _____ YM _____ YL _____ AS _____ AM _____ AL

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 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 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

Payment Information

We accept cash, checks (please make checks payable to *Town of Waterboro*), and cards (extra 3.5% fee when using credit or debit cards)

Today's date: _____

Paid By: _____

Cash: _____

Check: _____

Or

Credit/Debit Card (extra 3.5% fee): _____

Card Number: _____

CVV: _____ Expiration: _____

Billing Address: _____

Name on Card: _____