North Berwick Summer Camp 2016
Registration Form

July 3rd - Aug.12th Mon.-Fri. 9am-3pm Ages 5-13

Cost: $550.00 per child from North Berwick $600.00 for Out-of-Town Residents
both rates include all 6 weeks of camp, all field trips and a Camp T-shirt.

Make checks payable to: Town of North Berwick

Child's Name:_____Shirt size:(Youth):_____or (Adult)_____

DOB:_____Age:_____Grade this fall:_____EMAIL:_____

Mailing Address:_____Town: _____Home #:_____

Parent(s)/Guardian(s):_____Cell #_____

Parent(s)/Guardian(s):_____Cell #_____

If unavailable contact: (1)_____Tel. #_____

If unavailable contact: (2)_____Tel. #_____

Person(s) other than Parent/Guardian who are authorized to pick up my child/children:

_____ _____
NAME: NAME:

_____ _____
NAME: NAME:

Hold Harmless Agreement

I, the undersigned, parent or guardian, do hereby agree to allow the individual named herein to participate in the North Berwick Summer Camp. I understand that all persons participating in North Berwick Rec. programs or using Town facilities do so without holding the Town or any of its employees, volunteers, or committee members responsible for any injury that may result during the course of any activity. I further agree that I have and will maintain in force, health and accident insurance to protect my child(ren) and that I hold harmless the Town of North Berwick against loss, costs or claims for bodily injury, or death, resulting from recreational activities provided to the above child. Pictures of your child may be used for advertising, if you do not want us to, please notify us in writing. We will be showing G and PG rated movies during camp.

Also in case of injury, Recreation program employees or volunteers have my permission to obtain medical assistance from a physician of choice and/or transport the above named child to the nearest hospital or physician's office for medical treatment.

I give permission for my child to attend the North Berwick Summer Camp, attend the field trips, and participate in all activities in regards to camp.

Parent's Signature:_____Date:_____

(Please fill out back of form)

Please list any medical/physical/emotional concerns of which the Recreation Director should be made aware of:_____

Medicines taken:_____

ALLERGIES:_____

Date of last physical:_____

Physician's Name:_____Phone:_____

BEFORE & AFTER CARE Program is available from 7am-9am and 3pm- 5pm for an additional fee.
Fee: $4.00 an hour

Do you need this service? Yes No Maybe

IF So, what days _____

and what hours _____We are trying to plan, thank you.

Parent Info Night is Friday, June 17th at 6pm. I understand this is **MANDATORY** for ALL first time NB Summer Campers. _____ Sign that you understand this policy.

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The following is a sample list of field trips we would like to offer throughout the six week summer camp session. It is no guarantee that all of them will be able to happen. Sometimes scheduling, pricing, or other things may happen that are out of our control. Our goal is to offer quality field trips that may or may not include the following. The field trips will be finalized before the first day of camp. In the event of a field trip cancellation, we cannot guarantee that a make up date or field trip will occur.

*Glo-Bowling	*Splash Town	*Fun Town	*Fort Foster	*Aquaboggan
*York's Wild Kingdom	*Hilltop Fun Center	*Smitty's	*Museum	*Rock Climbing

Please DO NOT write below this line------ Staff Only
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Registration Fee: $550.00/$600.00 (**ENTIRE AMOUNT DUE BEFORE FIRST DAY OF CAMP**)

Would you like to order an extra camp shirt? Cotton shirt $10.00 _____ Swim shirt $15.00 _____

Deposit Paid: $_____ Rec'd By: _____ Date: _____Cash/Ck # _____ Balance: _____

Balance Paid: $_____ Rec'd By: _____ Date: _____Cash/Ck # _____ Balance: _____

Balance Paid: $_____ Rec'd By: _____ Date: _____Cash/Ck # _____ Balance: _____

Elig. Requirements Rec'd: _____ Handout: _____ Other (_____)_____

Notes: _____

_____

North Berwick Parks and Recreation Director: Kristie L. Michaud Office: 676-3206
P.O. Box 422 North Berwick, ME 03906