

Last Name	First Name	Date of Birth	Male/Female	Grade 2017/18	<b>T-Shirt Size - CIRCLE ONE</b> YOUTH Sizes: YS(6) YM(8-10) YL(12-14) ADULT Sizes: AS AM AL AXL A2XL <i>one camp shirt is provided for free</i>

1) Parent/Guardian Name	Home Telephone	Work Telephone	Cell Phone	E-mail Address:
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Mailing Address:	City, State & Zip:
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2) Parent/Guardian Name	Home Telephone	Work Telephone	Cell Phone	E-mail Address:
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Mailing Address (if different):	City, State & Zip:
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Emergency Contact Person (if parents are not available)	Home Telephone	Work Telephone	Cell Phone	Address, City, State & Zip:
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**Participant Release Authorization**

Belmont Parks & Recreation Summer camp is authorized to release my child \_\_\_\_\_ (child's name) to only the individuals listed below. I understand each authorized person must be at least 16 years of age and that my child will not be permitted to leave the camp with anyone else not listed below, unless we are otherwise notified prior to release. All authorized individuals will be required to show identification (which must match the information given below) and sign out the child on each occurrence. The above named child may be released to the following individuals:

Name of Authorized Person	Address	City, State, Zip	Home Phone	Cell Phone	Relationship to Counselor in Training
1)					
2)					
3)					

Allergies, disabilities or other illness that would affect normal participation: YES [ ] NO [ ] if yes please explain:

Is your child currently on any medication: YES [ ] NO [ ] if yes please explain (note camp staff is not authorized to administer medications):

Other information about your child that will be helpful to the Camp Staff (please add a note if you require additional space):

*Camp t-shirts (3) are provided for our counselors in training, they must be worn every day. Extra t-shirts are available for \$10 each. # of extra t-shirts \_\_\_\_\_*

**Summer Camp COUNSELOR IN TRAINING: Monday-Friday, 7:30AM-4:30PM (until 5:00PM may be available)**

No Charge for Counselors In Training

**Please check the box for the week(s) that your child would like to be a Counselor in Training.**

- Week #1: June 26-June 30, 2017
- Week #2: July 3-7, 2017      \*\*\* No camp Tuesday July 4th - Holiday
- Week #3: July 10-14, 2017
- Week #4: July 17-21, 2017
- Week #5: July 24-28, 2017
- Week #6: July 31-August 4, 2017
- Week #7: August 7-11, 2017

**Release of Liability & Emergency Medical Information**

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and whether I or the minor participant named below have the ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself or the minor participant named below, waive and release all rights and claims against the Town of Belmont, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity.

I give my permission for myself to be treated by qualified medical personnel if I am injured, or for the minor child participant named below to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided; I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

**For Hospital Information only:**

Our Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

I understand the cancellation/refund policy is strictly enforced. If the program is cancelled by the Department, I will be notified and a full refund given. I also understand that if I miss any of the activities/classes, I may not be able to get a refund or an administrative fee may be deducted from any refund. As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture or the picture of my child(ren) and use it for advertising and promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature for minor participant      Parent/Guardian PRINTED NAME      Relationship to Participant      Date

Official Use Only: Belmont Resident: Yes [ ] No [ ] Proof of residency presented: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Permission Granted: (per waiver) Swim Ability # 1 2 3 Sunscreen: Y N Bug Spray: Y N Bike or Walk: Y N AM [ ] PM [ ]

## Belmont Parks & Recreation Summer Camp Permission Slips - 2017

The swim ability on this form must be filled with your signature. The other permission slips are optional so **ONLY** sign for the ones that you are granting permission. Do not sign the sunscreen or bug spray permission slip if your child is allergic to common brands including bug spray with DEET.

**Counselor In Training Name:** \_\_\_\_\_

### SWIM ABILITY



We are often at the beach and other water amusements during the summer and need to know the level of your son/daughters swim ability. Please **underestimate** if a category does not exactly match his/her ability.

- Level #1 – cannot swim at all without a flotation device
- Level #2 – can swim a little mostly underwater and not for long distance
- Level #3 – can swim well and for a distance above and below water

**My child is a Level # \_\_\_\_\_ swimmer (MUST BE FILLED IN)**

\_\_\_\_\_  
Parent/Guardian Signature for SWIM ABILITY

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### SUNSCREEN PERMISSION SLIP



Belmont Parks & Recreation Summer Day Camp has permission to apply sunscreen to my child in the event he/she forgets to bring their own from home. **We reserve the right to charge \$10.00 for any child who continually forgets to provide their own sunscreen.**

\_\_\_\_\_  
Parent/Guardian Signature for SUNSCREEN

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### BUG SPRAY PERMISSION SLIP



Belmont Parks & Recreation has permission to apply bug spray that contains DEET to my child as needed for outdoor activities.

\_\_\_\_\_  
Parent/Guardian Signature for BUG SPRAY

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### WALKING/BIKING TO OR FROM CAMP PERMISSION SLIP



I the parent/guardian grant permission for our daughter/son to walk or bike to or from the camp as noted below. Camper should arrive and depart at the same time daily unless staff has been notified of a change. Belmont Parks & Recreation is not responsible for any bikes that are left outside of the school during our program. We recommend bike locks be used for security.

Permission to walk or bike to the camp: YES [ ] NO [ ] If yes what is the arrival time: \_\_\_\_\_

Permission to walk or bike home from camp: YES [ ] NO [ ] If yes what is the departure time \_\_\_\_\_

The following are days that my child **WILL NOT** walk or bike to/from camp: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature for Walking/Biking to Camp

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date