

Last Name	First Name	Date of Birth	Male/Female	Grade 2018/19	<u>T-Shirt Size - CHECK ONE</u> YOUTH Size: YS(6)___ YM(8-10)___ YL(12-14)___ ADULT Size: AS___ AM___ AL___ AXL___ A2XL___ <i>one camp shirt is provided for free</i>
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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 than above):	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 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 Camper
1)					
2)					
3)					

Any child who requires a full time aide at school should also be accompanied by a full time adult aide while attending the Belmont Parks & Recreation Summer Camp. The adult who accompanies the child may be required to pay entrance fees for certain trips or activities and may also need to provide transportation to the child he/she accompanies for certain trips or activities if space on the bus is limited.

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):

One camp t-shirt is provided to every camper to wear on our weekly amusement trip, extra t-shirts are available for \$10.00 each. # of extra t-shirt(s)_____
Include the cost of the extra t-shirt(s) with your registration form. Shirt size is not guaranteed unless your child is registered prior to May 14, 2018.

Summer Camp Fees 2018: Monday-Friday, 7:30AM-4:30PM (extended to 5:00PM for an additional charge)

Belmont Resident: \$110 per week

Non-Resident: \$155 per week

SIBLING DISCOUNT: \$20 per week for the 2nd and 3rd child attending the camp the same week(s).

EXTENDED DAY CARE (4:30PM-5:00PM): \$3 per day

Please check the box for the week(s) that your child wants to attend camp.

- Week #1: June 25-June 29, 2018
- Week #2: July 2-6, 2018* No camp Wednesday, July 4th - Holiday
- Week #3: July 9-13, 2018
- Week #4: July 16-20, 2018
- Week #5: July 23-27, 2018
- Week #6: July 30-August 3, 2018
- Week #7: August 6-10, 2018

Payments & Refunds: Payments for weeks #1-3 are due on May 21, 2018, and weeks #4-7 are due June 4, 2018

Late payments will result in the camper losing their space for any unpaid week(s). **There is a \$25 per payment late fee.** Registration fees are non-refundable except in the case of a family emergency or a medical reason with supporting documentation.

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.

Camper's Name: _____ (ONE FORM PER CAMPER)

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



If 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