

**North Berwick Summer Camp 2011
Registration Form**

July 6th - Aug.13th , Mon.-Fri. 9am-3pm, Ages 5-12

Cost: \$395.00 per child from North Berwick \$450.00 for Out-of-Town Residents
both rates include all 6 weeks of camp, all fieldtrips 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: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Cell # _____

Mother's Work: _____ Father's Work: _____

If unavailable contact: (1) _____ Tel. # _____

If unavailable contact: (2) _____ Tel. # _____

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

NAME: _____ Tel. # _____

NAME: _____ Tel. # _____

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 me to, please notify me in writing.

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: _____

Special Requests: _____

BEFORE & AFTER CARE Program is available from 7am-9am and 3pm- 5pm for an additional fee. ***Lower Price from last year... Fee: \$3.00 an hour

Do you need this service? Yes OR No

IF So, what days _____

and what hours _____ We are trying to plan, thank you.

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.

*Bowl-a-Rama

*Splash Town

*Rollerskate Newington

*Hilltop Fun Center

*Aquaboggan

*Fort Foster

*Fun Town

*Seacoast Science Center/Odirone Point

Registration Fee: \$395.00/\$450.00 (**ENTIRE AMOUNT DUE BEFORE FIRST DAY OF CAMP**)

Amount Paid: \$ _____ Rec'd By: _____ Date: _____ Cash/ Check # _____

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North Berwick Parks and Recreation Director: Kristie L. Michaud Office: 676-3206
P.O. Box 422 Comm. Ctr. 676-3207
N. Berwick, Me. 03906