

# North Berwick Summer Camp 2024

## Registration Form

Camp Season: June 24<sup>th</sup> - Aug.9<sup>th</sup>

Mon.-Fri. 9am-3pm

Ages 5-13

**Cost: \$1,025.00 per child from North Berwick \$1,075.00 for Out-of-Town Residents**

both rates include all 7 weeks of camp, all field trips and a Camp T-shirt.

Child: \_\_\_\_\_ Shirt size: (Youth): \_\_\_\_\_ or (Adult) \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Home #: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Cell # \_\_\_\_\_

If unavailable contact: (1) \_\_\_\_\_ Tel. # \_\_\_\_\_

Person(s) other than Parent who are authorized to pick up my child/children: Print Legibly please.

\_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

\_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

Any concerns we should know about? Other campers? Group request? Habits? Etc.

\_\_\_\_\_  
Medical/physical/emotional concerns that the staff should be aware of: (Kept confidential)

\_\_\_\_\_  
ALLERGIES: \_\_\_\_\_ Are they severe/Concerns? \_\_\_\_\_

Medicines taken regularly: \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need any EXTRA shirts for camp (Regular Cotton, swim shirts) YES or NO

BEFORE & AFTER CARE Program is available from 7am-9am and 3pm- 5pm

**\*\*We do offer before, after and before/aftercare bundle packages**

**You can pay the \$5 an hour and be billed on Fridays or we will have one-time up-front fees.**

Do you need before or after care? Yes No Maybe

**Continued on back..**

Pictures and/or information about your child may be used on our town website and/or our Facebook page.

Do you give us permission to do that? YES or NO Please initial \_\_\_\_\_

- Please initial you aware that final payment is due by Open House on June 19<sup>st</sup> , 2024 \_\_\_\_\_
- Please initial you are aware you MUST attend Open House (6/19) as a first-time camper/parent\_\_\_\_\_

**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. 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:** \_\_\_\_\_

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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.

\*Splash Town  
\*Aquaboggan

\*Fun Town  
\*Hilltop Fun Center

\*Fort Foster  
\*Smitty's

**PLEASE DON'T WRITE BELOW THIS LINE— STAFF ONLY**

\*\*\*\*\*

Confirm shirt size: \_\_\_\_\_ Are spots initialed above? \_\_\_\_\_ Elig. Req. Form Rec'd: \_\_\_\_\_

**Need an extra swim shirt? \_\_\_ \$15.00 \_\_\_ Size: \_\_\_ Paid: \_\_\_ CK# \_\_\_ OR Cash Date: \_\_\_**

**Need an extra cotton shirt? \_\_\_ \$10.00 \_\_\_ Size: \_\_\_ Paid: \_\_\_ CK# \_\_\_ OR Cash Date: \_\_\_**

**Notes:** \_\_\_\_\_

Deposit Paid: \$ \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Ck # \_\_\_\_\_ Balance: \_\_\_\_\_

Balance Paid: \$ \_\_\_\_\_ Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Ck # \_\_\_\_\_ Balance: \_\_\_\_\_

Before/After Care Pkg Purchased: Before After Both None

North Berwick Parks and Recreation Director: Kaylyn Bell  
P.O. Box 422

Office: 676-3206  
North Berwick, ME 03906

## **North Berwick Eligibility Requirements NB Summer Camp 2024**

Camper's Name: \_\_\_\_\_

At camp, we evaluate the needs of each camper to promote success and a positive camp experience. To promote equal opportunity and enjoyment by all participants, children are expected to display appropriate behavior and readily respond to corrective measures when taken. In addition, the nature of our camping experience requires that children possess a level of self-sufficiency, since we do not provide one-to-one assistance and activities are conducted in groups. As a number of activities require a level of skill to ensure that all campers can participate safely in our activities, we have developed certain requirements that is necessary for all campers. If you have any questions about your child's ability to participate, please speak with Kaylyn Bell.

All activities are open to individuals who meet the following essential eligibility requirements with or without reasonable accommodation.

- Follows verbal directions.
- Independently manage all bathroom needs.
- Ability to stay with assigned group without having hand held.
- Can climb stairs and navigate uneven terrain for up to 1 mile.
- Independent sitting at a picnic table for short periods of time (20-30 minutes) for lunch.
- Independently transport belongings.
- Independently get on and off the bus and in and out of the bus seats.
- Will act in accordance with all bus safety rules (e.g., sit in seat, no limbs out windows, no yelling, etc.).
- Can communicate need for medical attention.
- Can communicate fears with the staff (i.e., fear of heights, bugs, snakes, etc.) so that the staff is able to help them work through it.
- Can to maintain sufficient eye contact for the purpose of following instructions.
- Can put away toys, games, and other materials when instructed.
- Independently washes hands.
- Ability to manage and change their own personal clothing, including the ability to snap, zipper, button or tie clothing and shoes independently.
- Can recognize own possessions and items.
- Can give first and last name.
- Limited to fear of water and independence in swimming without personal assistance.
- Possession of sufficient social skills to effectively communicate with staff members and other campers of the same age.

**(OVER)**

In addition, the following rules must be respected (the list is not conclusive):

- Wearing shoes and proper clothing at all times which must be furnished by the family. (May include a wet t-shirt or shoes at times).
- Adherence to proper use of necessary safety equipment.
- No use of foul language or inappropriate gestures.
- Respect of staff, other campers, the public, the facilities, and nature.

Give us as much information as you can; it will be a huge benefit to all of us. If your child has a diagnosis of any kind, let the Director know. Providing us with an IEP or 504 plan is very helpful. If your child is diagnosed after signing this form, please let us know as soon as possible. It would be very difficult to ensure the specific needs of your child are met, if we are not able to have the staff to handle those situations. We will make every reasonable accommodation we can to meet your child's needs. In some cases, it is not enough and that will just frustrate your camper, and your family. We want what is best for your camper at all times!

I have read the above eligibility requirements and attest that my child can meet these requirements, with or without reasonable accommodation. I understand that if my child cannot meet these requirements and is removed from the camp, no portion of the camp fee will be refunded.

\_\_\_\_\_  
Parent/Guardian Signature (Legible Please)

\_\_\_\_\_  
Date:

\*\* This form must be filled out and on file along with the child's camp registration form in order for them to attend the North Berwick Summer Camp.