

Summer Program 2020 Registration Form

Child's Name: _____ Sex: M F DOB: _____ Age: _____ Grade: _____

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Home Phone: _____ Mailing Address: _____

Town: Campton State: NH Zip: 03223 Parent's email _____

Parent/Guardian Name: _____ Cell "text" phone _____ (you will receive updates)

Emergency Contact: Name: _____ Phone: _____

Please list any physical limitations/restrictions, special education needs: _____

Allergies, dietary restrictions, medications being taken and their side effects: _____

Permission to Use Photographic Images

Occasionally, the department uses photos or video taken of program participants in publications such as brochures, flyers, Facebook, webpages, etc. Please indicate your preference by checking the appropriate box:

Yes, the participant photo may be used No, the participant photo may not be used.

Permission to attend

*****I understand that when I sign up for a program I have read the brochure and I know the start and end of the program as well as trips that my child will be attending. I know that there is a late fee (\$10) if I pick up my child 15 minutes after the designated "sign out" time. _____ (my initials)

Release of Claims

In consideration of the permission granted for the participant named above to take part in the above named Recreation program, I hereby release for myself and my heirs, the Town of Campton, its agents, employees, volunteers and other program participants from all actions, damages and claims that may result in personal injuries and property damages.

I recognize there may be inherent dangers in participating in Recreation programs which may present a strain on the body and its parts, and furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that, in case of bodily injury or illness, the Recreation department will attempt to contact the person identified as the "person to notify in case of emergency." In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to a medical facility. I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Signature (Parent/Guardian)

Date