



2022 SUMMER DAY CAMP REGISTRATION

PRIMARY PARENT/GUARDIAN: ☐ Male ☐ Female Relationship to Camper: _____

Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone (C): _____ (H): _____ (W): _____

E-mail (to receive regular camp updates): _____

Additional Parent/Guardian Email: _____

CAMPER INFORMATION: ☐ Male ☐ Female Grade Entering Fall of 2022: _____

SELECT CAMP: ☐ **DISCOVER** ☐ **RANGER** ☐ **ADVENTURE** ☐ **Senior Camper**
(Grades 1 - 3) (Grades 4 - 5) (Grades 6 - 8) (14 years of age as of Oct. 15, 2022)

Name: _____ DOB: _____ Age: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

➤ Do you give permission for your child to be photographed for website, newsletters or local newspapers? Individuals are not named or "tagged". ☐ Yes ☐ No

➤ T-Shirt Size: ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult L ☐ Adult XXL

Emergency Contacts and Authorized Pick-up Persons:

Please provide at least two individuals not in the same household

#1

Emergency Contact Person? ☐ Yes ☐ No

Authorized Pick-up Person? ☐ Yes ☐ No

Name: _____

Relation to Camper: _____

Home Phone: _____

Cell Phone: _____

#2

Emergency Contact Person? ☐ Yes ☐ No

Authorized Pick-up Person? ☐ Yes ☐ No

Name: _____

Relation to Camper: _____

Home Phone: _____

Cell Phone: _____

#3

Emergency Contact Person? ☐ Yes ☐ No

Authorized Pick-up Person? ☐ Yes ☐ No

Name: _____

Relation to Camper: _____

Home Phone: _____

Cell Phone: _____

#4

Emergency Contact Person? ☐ Yes ☐ No

Authorized Pick-up Person? ☐ Yes ☐ No

Name: _____

Relation to Camper: _____

Home Phone: _____

Cell Phone: _____



SELECT ATTENDANCE OPTIONS: ☐ **Regular Day** (8:30 am - 4 pm) ☐ **Extended Day** (7 am - 5:30 pm)

Weeks & Themes	<u>Week 1</u> June 20-24	<u>Week 2</u> June 27-July 1	<u>Week 3</u> July 5-8 No camp 7/4 Red, White & Blue	<u>Week 4</u> July 11-15	<u>Week 5</u> July 18-22	<u>Week 6</u> July 25-29	<u>Week 7</u> Aug. 1-5
	<i>Welcome Week</i>	<i>The Great Outdoors</i>		<i>Fun in the Sun</i>	<i>Splish Splash</i>	<i>Dress Up Week</i>	<i>Send Off Week!</i>
Weekly							
M-W-F							
T & TH							

Weekly Options	<u># of Weeks</u>	<u>Regular Day</u>	<u>Extended Day</u>	
Weekly	# _____	\$225 per week	\$280 per week	
Mon, Wed, Fri	# _____	\$130 per week	\$160 per week	
Tues & Thurs	# _____	\$110 per week	\$140 per week	\$ _____
Discounts (Apply to weekly option only)				
5 Weeks		-\$200	-\$200	
6 Weeks		-\$402	-\$402	
7 Weeks		-\$550	-\$539	\$ - _____
4th of July Adjustment (If applicable)				
Weekly		-\$45	-\$56	
Mon, Wed, Fri		-\$43	-\$53	\$ - _____

Senior Camper				
Full 7 Weeks		\$625	\$850	
Weekly	# _____	\$95 per week	\$130 per week	
Mon, Wed, Fri	# _____	\$60 per week	\$98 per week	\$ _____
4th of July Adjustment (If applicable)				
Weekly		-\$19	-\$26	
Mon, Wed, Fri		-\$20	-\$33	\$ - _____

Total \$ _____
 Less **Non-Refundable** Deposit \$ -100
Balance owed by June 3rd \$

		Deposit	\$ 100
Add-On's (Must be paid at registration)	Extra T-shirt(s)	\$12.00 each	\$ _____
	Snack Card(s)	\$5, \$10, or \$15	\$ _____
	Non-Resident Fee	\$45/child	\$ _____
	If space allows, Late Registration Fee will apply after May 27th	\$30/child	\$ _____
Registration Total			\$ _____



CAMPER INFORMATION FORM

Please complete this form for each child enrolled in Summer Day Camp. This form is designed to ensure our staff have the necessary information to provide the best possible experience for your child in the Summer Camp program.

Camper's Name: _____

My child is attending: ☐ Discover Camp ☐ Ranger Camp ☐ Adventure Camp

- Any known behavior or health concern which you want us to be aware of:

- Parents' recommendations for us to best support your child:

- If applicable, please describe any behaviors our staff should note (typical and/or atypical) from your child:

- Are there any situations that typically trigger this concern in your child?

- Has there been any plan of action designed which has been effective for supporting your child while in school? If yes, please explain or include a copy of his/her behavior plan:

☐ My child may need to self-administer medication (Inhalers, EpiPens, etc.) while at Summer Day Camp. A physician and I have completed the Physician's Request to Administer Medication form.

☐ I plan to register my child for the summer school program this summer.

☐ I plan to meet with the Camp Director on the first day my child attends the program to provide additional information and/or instruction for my child's care.

Person to contact when we want to share the joys and concerns of your child:

Name: _____ Phone number: _____

I give permission for this information to be shared with staff members who will be working with my child.

Parent/Guardian Signature: _____ Date: _____



ASSUMPTION OF RISK / WAIVER OR LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Windham Parks and Recreation Summer Day Camp** program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Windham Parks and Recreation, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Please initial each of the following statements to indicate your agreement.

_____ I acknowledge that I have reviewed the 2022 Parent & Camper Handbook and agree to abide by the information provided.

_____ I acknowledge and give my child permission to be transported in RSU14 or Windham Parks & Recreation vehicles throughout the week for field trips and local destinations. I acknowledge that camps or small groups may occasionally take additional outings to local destinations on non-trip days and this will be communicated via weekly newsletter and/or email.

_____ I acknowledge that should my child become ill while at Summer Day Camp, a parent or emergency contact person is expected to pick the child up **within 30 minutes** of being notified of illness.

_____ I acknowledge that campers will NOT be required to wear masks while at Day Camp but masks will be available at camp if anyone wishes to continue to wear them.

_____ I have reviewed and agree to abide by the most current COVID-19 policies and procedures for Summer Day Camp. I understand that these are subject to change based on guidance from the State of Maine and the CDC and that Windham Parks and Recreation will notify me with any changes to these policies.

I have read in its entirety and agree to abide by the information above.

Parent/Guardian First and Last Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____