



2023 SUMMER DAY CAMP REGISTRATION

CAMPER INFORMATION: Male Female Nonbinary Grade Entering Fall of 2023: _____

Name: _____ Preferred Pronoun: _____ 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

PRIMARY PARENT/GUARDIAN: Male Female Nonbinary 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: _____

Would you like to enroll in text notifications? Yes No Cell Number: _____

Additional 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

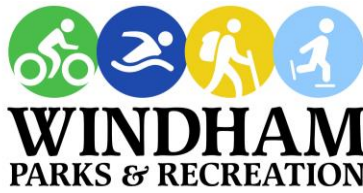
Authorized Pick-up Person? Yes No

Name: _____

Relation to Camper: _____

Home Phone: _____

Cell Phone: _____



SELECT CAMP: **DISCOVER** (Grades 1 - 3) **RANGER** (Grades 4 - 5) **ADVENTURE** (Grades 6 – 8) **Senior Camper** (14 years of age as of Oct. 15, 2023)

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

Weeks & Themes	<u>Week 1</u> Kickoff Week June 26-30	<u>Week 2</u> Stars & Stripes July 3-7 No Camp 7/4	<u>Week 3</u> H2O Week July 10-14	<u>Week 4</u> Animal Week July 17-21	<u>Week 5</u> Fun in the Sun July 24-28	<u>Week 6</u> Dress Up Week July 31-Aug 4	<u>Week 7</u> Celebrate Good Times Aug 7-11
Weekly							
M-W-F							
T & TH							

Weekly Options	# of Weeks	Regular Day	Extended Day
Full Time (all 7 weeks)		\$990	\$1,380
Weekly	# _____	\$195 per week	\$250 per week
Mon, Wed, Fri	# _____	\$135 per week	\$190 per week
Tues & Thurs	# _____	\$90 per week	\$130 per week

Week 2: 4 th of July Adjustment (If applicable)			
Weekly		-\$39	-\$50
Tues & Thurs		-\$45	-\$65

Senior Camper			
Full 7 Weeks		\$640	\$895
Weekly	# _____	\$100 per week	\$135 per week
Mon, Wed, Fri	# _____	\$60 per week	\$85 per week
Week 2: 4 th of July Adjustment (If applicable)			
Weekly		-\$20	-\$27

Total \$ _____
 Less **Non-Refundable** Deposit \$ -100
Balance owed by June 2nd \$

Add-Ons (Must be paid at registration)		Deposit	
Extra T-shirt		\$15.00	\$ _____
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

- Please list any known behavior or health concerns which we should 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 and 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:

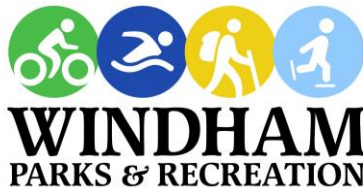
- Please list any day-to-day tasks they may need help with:

- What would you like to see them get out of their time at summer camp:

- My child may need to self-administer medication (Inhalers, EpiPens, etc.) while at Summer Day Camp. A physician and I will complete the Physician's Request to Administer Medication form. Yes No

- I plan to register my child for the summer school program this summer. Yes No

- 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. Yes No



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 2023 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, text notification 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 I will receive important details about upcoming field trips, outings, health notifications and emergency information by email and/or text notification and, to the best of my ability, have provided my correct contact information.

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

Parent/Guardian Signature: _____ Date: _____