

## Hebron Parks and Recreation Summer Adventure Camp 2019 Registration Form

Camper's Name (Last Name, First Name)	Grade child is going into:
<b>Date of Birth:</b> _____  _____ Male _____ Female Age: _____	Parent / Guardian Email address:
Address	Home Phone Cell Phone (circle one)
1. Parent/ Guardian Name	2. Parent/ Guardian Name
1. Parent/ Guardian Numbers * please circle best number to reach you during camp hours.  Home Number:                      Cell Phone Number:  Work Number:	2. Parent/ Guardian Numbers * please circle best number to reach you during camp hours.  Home Number:                      Cell Phone Number:  Work Number:

Please select camp weeks below, indicating regular camp week, per day and/or PM Extended Care.

<b>Camp Weeks Regular Day Camp</b>	Regular Camp Day 6:45-5:00 \$188 weekly (NOT INCLUDING TRIP COST)	\$47.50 per day (NOT INCLUDING TRIP COST) *Please list individual dates.	PM Extended 5:00-6:00 \$34wkly/ \$8.50 daily
Session 1, June 17-June 21			
Session 2, June 24 -June 28			
Session 3, July 1 -July 3 *no camp July 4 <sup>th</sup> or 5 <sup>th</sup>			
Session 4, July 8 - July 12			
Session 5, July 15- July 19			
Session 6, July 22 - July 26			
Session 7, July 29 - Aug 2			
Session 8, Aug 5- Aug 9			
Session 9, Aug 12- Aug 16			
Session 10, Aug 19- Aug 23			
<b>TOTAL:</b>  *Please note- there is an additional fee for ALL trips.			

### Select t-shirt size-

\*Campers are required to wear their camp t-shirt on all field trip days.

- \_\_\_ Youth Small
- \_\_\_ Youth Med.
- \_\_\_ Youth Large
- \_\_\_ Adult Small
- \_\_\_ Adult Med.
- \_\_\_ Adult Large
- \_\_\_ Adult XL



I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Signature: \_\_\_\_\_

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

### PHOTO POLICY:

By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing, along with your registration.

