

Hebron Parks and Recreation Summer Adventure Camp 2019 Registration Form

Camper's Name (Last Name, First Name)	Grade child is going into:
Date of Birth: _____ _____ 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.
Please call to inquire about Pre-K half day fees.

Camp Weeks Regular Day Camp (All trips are mandatory.)	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 * \$113 for the week *no camp July 4 th or 5 th			
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 21			
TOTAL: *Please note- there is an additional fee for ALL trips. All trips are mandatory.			

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.

