



Camper's Name _____

Camper's Address _____ Home# _____

Mom Cell# _____ Mom Work# _____

Dad Cell# _____ Dad Work# _____

Age _____ Date of Birth _____ Male _____ Female _____

****Please include any special needs your child has on the back side of this form**

WAIVER OF PARTICIPATION

I/we assume all risks and hazards incidental to be conduct to the program. I/we do further hereby release, absolve indemnity and hold harmless Newport Recreation Day Camp, The Newport Recreation Department, The Town of Newport and its Officers. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by the Newport Recreation staff to attend to my child. I expect notification before hospitalization.

Parent/Guardian Signature _____ Date _____

PLEASE SELECT WEEK OR WEDNESDAY YOUR CHILD WILL BE ATTENDING CAMP

****Trips are subject to change****

(X) WEEK	(X) WED \$30 each	Session Ü	Dates	Wednesday
		1	June 21-June 25	Mystery Trip
		2	June 28-July 2	Ellacoya State Park
		3	July 5-9	Water Country
		4	July 12-16	Weirs Beach
		5	July 19-23	Ocean/Wallis Sands
		6	July 26-30	Whales Tale Water Park
		7	Aug 2-6	Canobie Lake Park
		8	Aug 9-13	Bromley
		9	Aug 16-20	Smitty's Movie Theater

OFFICE USE ONLY ~ OFFICE USE ONLY ~ OFFICE USE ONLY~ OFFICE USE ONLY

	Weekly Fee (includes Wed)	Deposit	Wed Trip Only, ages 8-12
<i>Resident</i>	\$95.00/\$85 Resident	\$95.00/\$85, applied to final week	\$30.00 all trips paid in advance
Non-resident	\$125.00/\$115 NON-RESIDENT	\$125.00/\$115, applied to final week	\$35.00 all trips paid in advance
	Fee:	Paid:	Date:

Campers LAST Name _____ FIRST _____

Camper's Cell#

INFORMATION	MOTHER	FATHER
NAME		
HOME#		
CELL#		
WORK#		
EMAIL		
EMPLOYER		
BEST WAY TO CONTACT		
	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
NAME		
HOME#		
WORK#		
CELL#		
	MEDICAL INFORMATION	
INFORMATION	NAME	PHONE/ETC
DOCTOR		
DENTIST		
PERFER TREATMENT @		
CAN YOUR CHILD SWIM		
Additional Medical Info All RX meds must be held & distributed by NRD Staff in original containers.		
Additional Info for behavior/physical limitations		
T-Shirt Size Circle Size	Adult S M L XL	Child S M L
I do NOT want my child photographed for publications & website use.	Parent Signature if you don't want child photo used, SIGN IN NEXT BOX →	<u>Sign here</u>

Parent Authorization

This Health History is correct to the best of my knowledge, and the person named has permission to take part in all prescribed activities unless otherwise noted below. In the event of an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

Parent Signature _____ Date _____

Camper Name

To be filled out by Camper....

Do you have any pets?	
If so, what are their names?	
Favorite sandwich?	
Who is your best friend?	
Are they coming to camp?	
Do you know how to swim?	
Your favorite summer activity?	
I'm really good at.....	
Do you have any brothers/sisters?	
If so, what are their names and ages?	
WHAT IS YOUR FAVORITE PROFESSIONAL SPORT?	
What grade will you be in next year?	
Your favorite color?	
<i>When is your birthday?</i>	
In your spare time what do you like to do?	
Have you ever been on a hike? To where?	
What's your favorite show?	
What kind of music do you like??	
How many years have you been coming to camp?	
What do you want to be when you grow up?	
Favorite subject in school?	

Draw a picture of yourself.....