



## DAY CAMP REGISTRATION FORM

**65 Belknap Ave, Newport NH 03773    Office# 603.863.1332 ~ Cell# 603.477.4144 ~ newportrec.com**

CAMPERS NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Shirt size \_\_\_\_\_

Wk	Date	Trip (subject to change)	Register for	Early Drop	Paid
1	June 25-29	Weirs Beach & Arcade, Laconia			
2	July 2-6 (closed July 4)	Launch Trampoline Park , Nashua			
3	July 9-13	Whales Tale Water Park, Lincoln			
4	July 16-20	Ellacoya State Park, Gilford			
5	July 23-27	Canobie Lake Park, Salem			
6	July 30-Aug 3	Chunky's Theater, Hooksett			
7	Aug 6-10	Whales Tale Water Park, Lincoln			
8	Aug 13-17	Weirs Beach & Arcade, Laconia			
<i>Resident fee \$125.00 ~ Non-resident fee \$145.00 ~ Early drop off \$20.00</i> <i>Res 2<sup>nd</sup> child \$115.00 ~ Non-res 2<sup>nd</sup> child \$135.00 ~ Multiple children \$25.00</i>					

**Special Considerations**

Please list any special concerns, limitations, allergies, behavioral plans, medications or other medical conditions we should be aware of (please be specific):

**Release & Indemnification Agreement:**

The undersigned being the parent/legal guardian of the above named child, in consideration of the agreement by the Town of Newport to allow my child to participate in Newport Recreation camp programs, hereby agrees as follow:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in Newport Recreation summer camp programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above listed program, I shall hold the Town of Newport, the Newport Recreation Department, and all their agents, principals, employee and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc. by the Newport Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured camp activities to include field trips, watching of G & PG rated movies and swimming activities.
5. The undersigned acknowledges that my child's participation in the above listed day camp programs may reasonably be considered a dangerous activity. This agreement is executed by the undersigned upon the understanding that the Town of Newport and Newport Recreation will use best efforts in the conduct of the day camp program.

Parent/Legal Guardian Signature: \_\_\_\_\_

*I have read and agree to all terms of this form and rules associated with the Newport Recreation Programs*

**Parent/Guardian Information**

**#1 Parent/Guardian** First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Best way to reach \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home email \_\_\_\_\_ Work email \_\_\_\_\_

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**#2 Parent/Guardian** First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Best way to reach \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home email \_\_\_\_\_ Work email \_\_\_\_\_

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**Emergency Contact** (Must be different from above & able to pick up your child)

**Emergency Contact** First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Best way to reach \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home email \_\_\_\_\_ Work email \_\_\_\_\_

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List additional individuals who are authorized to pick up your child from our summer day camp program

	Name	Home #	Cell#	Relationship
1				
2				
3				
4				
5				

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**Medical Information**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Other Information**

**Photo release**, I give permission for my child photo to be used on social media and publicity materials associated with our camp. Initials \_\_\_\_\_

Does your child know how to **swim**? Yes \_\_\_\_\_ No \_\_\_\_\_