

New Boston Recreation Summer Camp 2008



9 weeks of fun for grades K- 6 including games, sports, crafts, swim lessons, field trips and more!

Camp Schedule: Monday thru Friday, 9am-4pm @ White Bldgs. (No camp on July 4)

Camp Fees: Register on or before May 1- **\$105/week per child.**
Register after May 1- **\$130/week per child.**
Before care(8-9am) and After care(4-6pm) available for **\$45/week per child.**
(Non-New Boston residents pay \$20 more per week).

Pay 50% deposit upon registering, including field trip fees and before/after care fee if needed. Balance must be paid in full by June 30. No refunds after June 30 unless for medical reason where a doctor's note will be required.

Check week(s) attending:

- Week 1, June 30-July 3 _____
- Week 2, July 7-11 _____
- Week 3, July 14-18 _____
- Week 4, July 21-25 _____
- Week 5, July 28-Aug 1 _____
- Week 6, Aug 4-8 _____
- Week 7, Aug. 11-15 _____
- Week 8, Aug. 18-22 _____
- Week 9, Aug. 25-29 _____

We need Before/After Care for the following weeks: _____

(Complete reverse side)

Rec. Date: _____

Time: _____

Check: ___ Cash ___

PROGRAM REGISTRATION FORM
NEW BOSTON RECREATION DEPARTMENT

Participant's Name: _____

Date Of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____ Home Phone: _____

(If participant is under 18 years of age)

Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Child resides with: Mother Father Both Other _____

Special Medical Information: _____

Allergies: _____

Medical Insurance Company + Policy # _____

My child, _____, has had a recent physical and may participate in strenuous activities.

Please list names of people authorized to pick up and/or assume temporary care of your child if you cannot be reached (for After School and Summer Camp programs):

T-shirt size: YS YM YL AS AM AL AXL

I give permission for my child to have his/her picture taken for the purpose of NB Recreation publicity in local media and/or Town of New Boston web site. ___yes ___no.

I give permission for my child(ren) to ride in the Recreation Department van for purpose of transportation to golf lessons at Crotched Mt Golf Club. ___yes ___no Parent Signature _____

In the event of an emergency, I authorize the New Boston Recreation Department and its agents/employees to obtain such medical care as they deem necessary to treat my child or myself, including but not limited to treatment by New Boston Recreation Department employees or emergency medical technicians.

In consideration of the permission granted to the participant named above to participate in New Boston Recreation Programs, We shall release, waive, discharge, and covenant not to sue the New Boston Recreation Commission, Friends of New Boston Recreation, or the Town of New Boston, Tri-Town Basketball, Kearsarge Mountain South Babe Ruth League, their agents and employees from liability for any loss or damage, and any claim or demands thereof on account of injury to the person or property, or resulting in death of the named participant, whether caused by the negligence of their agents and employees or otherwise while the named participants in the Recreation Programs.

If Basketball uniforms are not returned there will be a \$25.00 charge.

Parent/Guardian Signature _____

-----COMPLETE REVERSE SIDE-----

**NEW BOSTON RECREATION DEPARTMENT
SUMMER FIELD TRIP WAIVER-2008**

I, hereby, give permission for my child, _____, to participate in the following field trips. I do hereby release, absolve and hold harmless the New Boston Recreation Department; the organizers, sponsors and anyone connected with the field trip. In case of injury to my child, I hereby waive all claims against the organizers and supervisors of the field trips. I likewise release from responsibility any person transporting my child to and from the field trip. In case of an accident or serious illness, I request the New Boston Recreation Department to contact me. If the Recreation Department or its authorized representative is unable to reach me, I hereby authorize them to seek emergency medical treatment for my child as needed.

Parent's Signature _____ Date _____

<u>TRIP DATE</u>	<u>TRIP LOCATION</u>	<u>TRIP COST</u>	<u>PARENT'S SIGNATURE</u>
	<u>WEEK 1+2</u>		
June 30-July 11	Swim Instruction	Free	_____
	<u>WEEK 3</u>		
Tue, July 15	Sunapee State Park	\$5.00	_____
Thu, July 17	Chunky's Cinema (pizza,soda,ice cream,movie tix)	\$15.00	_____
	<u>WEEK 4</u>		
Tue, July 22	Silver Lake State Park	\$5.00	_____
Thu, July 24	Glow Bowling-Leda Lanes (2 hrs. bowl/pizza/soda/shoes)	\$17.00	_____
	<u>WEEK 5</u>		
Tue, July 29	Sunapee State Park	\$5.00	_____
Thu, July 31	McAuliffe Planetarium	\$10.00	_____
	<u>WEEK 6</u>		
Tue, Aug. 5	Silver Lake State Park	\$5.00	_____
Thu, Aug. 7	Canobie Lake	\$24.00	_____
	<u>WEEK 7</u>		
Tue, Aug. 12	Sunapee State Park	\$5.00	_____
Thu, Aug. 14	Water Country	\$25.00	_____
	<u>WEEK 8</u>		
Tue, Aug. 19	Wallis Sands State Park	\$5.00	_____

Field Trips must be paid by June 30th with balance of registration payments. Field trips are subject to change or cancellation based on weather or other events. Refunds will be given if trips are cancelled.