

New Boston Recreation Summer Camp 2009



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 3)

Camp Fees: Register on or before May 1- **\$110/week per child.**
Register after May 1- **\$135/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 29. No refunds after June 29 unless for medical reason where a doctor's note will be required.

Check week(s) attending:

- Week 1, June 29-July 2 _____
- Week 2, July 6-10 _____
- Week 3, July 13-17 _____
- Week 4, July 20-24 _____
- Week 5, July 27-31 _____
- Week 6, Aug 3-7 _____
- Week 7, Aug. 10-14 _____
- Week 8, Aug. 17-21 _____
- Week 9, Aug. 24-28 _____

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-----