

New Boston Recreation Summer Camp 2006



**8 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% upon registering, including field trip fees and before/after care fee if needed.
Balance must be paid in full by June 26. No refunds after June 26 unless for medical reason where a doctor's note will be required.

Check week(s) attending:

Week 1, June 26-30 _____
Week 2, July 3-7 _____
Week 3, July 10-14 _____
Week 4, July 17-21 _____
Week 5, July 24-28 _____
Week 6, Jul 31-Aug. 4 _____
Week 7, Aug. 7-11 _____
Week 8, Aug. 14-18 _____

We need (check one): before care _____ after care _____ or both _____ for the following weeks _____.

(Please Complete the Registration Form and the Field Trip Form)

Rec. Date: _____

Time: _____

Check: ___ Cash ___

PROGRAM REGISTRATION FORM
NEW BOSTON RECREATION DEPARTMENT

Participant's Name: _____

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

Mother's Name: _____ Home Phone: _____

(If participant is under 18 years of age)

Address: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father's Name: _____ 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 # _____

Please list two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorized to pick-up _____

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

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.

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, 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.

Parents/Guardians Signature _____

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

**NEW BOSTON RECREATION DEPARTMENT
SUMMER FIELD TRIP WAIVER-2006**

I, hereby, give my 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 _____

FIELD TRIP SCHEDULE AND PERMISSION SLIP

<u>TRIP DATE</u>	<u>TRIP LOCATION</u>	<u>TRIP COST</u>	<u>PARENT'S SIGNATURE</u>
	<u>WEEK 1+2</u>		
June 26-July 7	Swim Instruction	Free	_____
	<u>WEEK 3</u>		
Tue, July 11	Sunapee State Park	\$4.00	_____
Thu, July 13	Chunky's Cinema (pizza,soda,ice cream,movie tix)	\$14.00	_____
	<u>WEEK 4</u>		
Tue, July 18	Kings Glow Bowling (3 strings/shoes)	\$10.00	_____
Thu, July 20	Greenfield State Park	\$4.00	_____
	<u>WEEK 5</u>		
Tue, July 25	Silver Lake State Park	\$4.00	_____
Thu, July 27	SEE Science Center + Lunch	\$10.00	_____
	<u>WEEK 6</u>		
Tue, Aug. 1	Water Country	\$22.00	_____
Thu, Aug. 3	Wadleigh State Park	\$4.00	_____
	<u>WEEK 7</u>		
Tue, Aug. 8	Sunapee State Park	\$4.00	_____
Thu, Aug. 10	Canobie Lake	\$23.00	_____

Field Trips must be paid by June 26th 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.