



ROTHESAY

Day Camp

Registration Form 2009

Dates of programs: Please indicate the week(s) of registration

Week 1 (June 22-26)	_____	Week 5 (July 20-24)	_____
Week 2 (June 29-Jul 3*)	_____	Week 6 (July 27-3)	_____
Week 3 (July 6-9)	_____	Week 7 (August 4-7)*	_____
Week 4 (July 13-17)	_____	Week 8 (August 10-14)	_____
		Week 9 (August 17-21)	_____

*Short Week due to Holiday (\$72.00)

\$85 per week, 2nd child same family \$80

*** POLICY*** THERE WILL BE AN ADMINISTRATION FEE OF \$10.00 FOR EACH CANCELLATION AND/OR REFUND.

**Help us get to know the campers better and keep everyone safe for an enjoyable camp.
Please Fill In All Areas:**

Camper's Name: _____ Age: _____

Home Phone Number: _____

Full Mailing Address:

Email _____

Medicare Number: _____ Date of Birth _____

Medical Conditions or Allergies:

Parents/Guardians **phone** number while child is at camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Contact person other than the Parents/Guardians:

Name: _____ Phone: _____

WAIVER: I am aware that the staff and the town of Rothesay assume no responsibility nor liability or loss suffered by my child and that the staff is responsible for him/her upon his/her entering the Day Camp premises. I understand the above liability waiver. **The Town** also has the right to refund any registration **and remove the child when** a child has proven to be a hindrance to the operation of the camp. This may be the result of medical conditions, discipline problems, and/or neglect with other children/ staff or other related circumstances.

Parent's/Guardian's Signature

Date