

Town of Hillsborough Day Camp 2017 Registration Form



DEADLINE to receive forms is June 2nd: must be returned with a \$10 registration fee per camper to the Town Office or mail to:
Town of Hillsborough Summer Program PO Box 7, Hillsborough, NH 03244
Cash, Credit Card or Check made payable to **Town of Hillsborough.**

Financial assistance is available to those who qualify. Contact Peter Brigham at 603-464-7985

Participant's Name: _____ Male Female

Street Address: _____

Town: _____ Phone Number: _____

Age: _____ Grade entering in September: _____ E-Mail: _____

Please identify your relationship with the child that will be attending _____

Residency Verification *(please check one)*

____ I give permission to the Town of Hillsborough Recreation Department to verify with the Hillsborough Deering School District that my child/children are residents of Hillsborough or Deering.

____ I will provide VERIFICATION that I am a taxpayer in Hillsborough or Deering.

____ I will provide VERIFICATION that my child/children are residents of Hillsborough or Deering.

____ I am not a resident or taxpayer of Hillsborough or Deering.

(There is a program fee of \$50/week for all non-residents)

For any questions about residency, contact Peter Brigham at 603-464-7985

MIDDLE SCHOOL CAMP

(entering grades 5-8 please check only the camp weeks your child will be attending)

June 26th - 30th July 3rd - July 7th (no camp July 4th) July 10th - 14th July 17th - 21st

Provided space is available, Middle School students are open to attend the last 4 weeks of camp for a program fee of \$25/week (scholarships and assistance is available to those who qualify)

July 24th - 28th July 31st - Aug. 4th August 7th - 11th August 14th - 18th

ELEMENTARY SCHOOL CAMP

(entering grades 1-4 please check only the camp weeks your child will be attending)

July 24th - 28th July 31st - Aug. 4th August 7th - 11th August 14th - 18th

SWIMMING LESSONS

Check here if you would like your child to have swimming lessons while attending the Day Camp Program. If your child is attending camp for only one week during the summer and you would like them to have swim lessons, it is recommended that you use the registration form for non-camper swimming lessons.

Child's swim level/ability (if known) _____

We will be offering a new color of **CAMP MANAHAN** T-Shirts this summer. If you would like a shirt, please circle your child's size. Cost is **\$8.00** for youth size and **\$9.00** for adult size. Please include payment with this form. Cash, Credit Card or Check made payable to **Town of Hillsborough**.

Camper's T-Shirt Size: Youth: S M L Adult: S M L XL XXL

Parent Info.	Parent/Guardian #1	Parent/Guardian #2
Name		
Address		
Town		
Phone Number		
Email		

Emergency Contact Information (Name 2 people if parents cannot be reached)

#1 Name: _____ Relation to camper: _____

Phone number(s) to reach them: _____

#2 Name: _____ Relation to camper: _____

Phone number(s) to reach them: _____

Individuals (not listed above) with permission to pick up your child:

Please check all the apply and list them

Allergies	
Medications	
Health Concerns	
Limitations	
Last Tetanus Shot	

Physician's Name: _____ Phone #: _____

May the Town of Hillsborough Summer Recreation Programs use photos of your child for promotional purposes?
(local newspapers, town report) No names will be published. **Yes: _____ No: _____**

I give permission for _____ to participate in the Town of Hillsborough Summer Recreation Programs. In doing so, I release all agents, employees and volunteers of the Office of Parks and Recreation Department from liability for any and all loss, damage or injury to the person or property of the participant. I state to the best of my knowledge, my child is in proper physical condition to allow him/her to participate in program activities and that I assume the risk of participating. I understand that in case of illness, injury or an emergency I will be notified. If there is a serious medical emergency, 911 will be called. In the event I cannot be contacted, I give my consent to the attending physician to administer any treatment deemed appropriate and the transfer to any hospital reasonably accessible. I the parent/legal guardian signer of this document have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I have executed this release on the date indicated next to my name.

Print Parent/Guardian

Parent/Guardian Signature

Date