

# BOW PARKS AND RECREATION DEPARTMENT

## 2020 Summer Day Camp/CIT/Trip Registration/Release Form

Please Print

Child #1: \_\_\_\_\_ Grade in Fall \_\_\_\_\_ DOB \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Child #2: \_\_\_\_\_ Grade in Fall \_\_\_\_\_ DOB \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Child #3: \_\_\_\_\_ Grade in Fall \_\_\_\_\_ DOB \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Child #4: \_\_\_\_\_ Grade in Fall \_\_\_\_\_ DOB \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Family Doctor's Name and Phone \_\_\_\_\_

*The following people have permission to pick my child up from the program:*

**Name & Phone Number:** \_\_\_\_\_

Medical Information. Please fill out below and explain as needed. Please talk with us about any concerns.

**Which Child?**

#1 #2 #3 #4

Carries an Inhaler during program

Epi-pen (reason) \_\_\_\_\_

Allergies: \_\_\_\_\_

Please inform us of any medical concerns or medications we need to know about:

N/A

Program/Fee	Session/Date	Child #1 Fee	Child #2 Fee	Child #3 Fee	Child #4 Fee	Payment	Check Cash	Date Paid
Summer Camp	\$375 June 29-Aug. 7							
CIT Program	\$50 June 26-Aug. 7							
Early Care	\$60 June 26-Aug. 7							
<b>Trips</b>								
Beach Trip	\$18 June 30, 2020							
Clark's Trading Post	\$35 July 2, 2020							
Beach Trip	\$18 July 7, 2020							
Mel's Funway Park	\$39 July 9, 2020							
Beach Trip	\$18 July 14, 2020							
Canobie Lake Park	\$40 July 16, 2020							
Beach Trip	\$18 July 21, 2020							
Gunstock Adventure	\$40 July 23, 2020							
Beach Trip	\$18 July 28, 2020							
Whale's Tale Water Park	\$37 July 30, 2020							
Beach Trip	\$18 Aug. 4, 2020							
York's Wild Kingdom	\$25 Aug. 6, 2020							

OVER

## Bow Parks and Recreation Department Release

In consideration of the permission granted to the participant(s) named on the reverse, to participate in the **PROGRAM(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks & Recreation Department, Town of Bow, volunteers and employees (hereafter referred to as the "Town of Bow") from all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death of the named participant(s), whether caused by the negligence of the Town of Bow while the named participant(s) \_\_\_\_\_ participates in the **PROGRAM(S) LISTED ON THE REVERSE**.

I further agree to indemnify the Town of Bow & it's employees from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which they become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Town of Bow, its agents and employees on account of injury to the person or property or resulting in death of the named participant whether or not caused by the negligence of the Town of Bow/Employees, whether or not such liability is sole, joint, or several. I represent to Town of Bow that to the best of my knowledge, the participant(s) is/are in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program(s) involves traveling to various activity sites, I release, indemnify and hold harmless the Town of Bow/Employees for any transportation that they provide for which the participant is eligible. I understand that in case of injury or illness, I will be notified. If I cannot be contacted and it is an emergency, I give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery.

- **By signing below, I agree to the above Release.**
- **By signing below, I give permission to use the participant's photo for display or advertisement by the Town of Bow and/or Bow Parks & Recreation.**
- **By signing below, I have read the "Important Camp Policies & Information" sheet and agree to the policies set forth.**
- **By signing below, I understand that there are no refunds for these programs unless the Town of Bow Parks and Recreation Department must postpone the start of the 2020 camp season or cancel summer camp due to COVID-19 restrictions. Refunds will be issued only for the weeks camp is not in session. In addition, Trip refunds will be given if trips are cancelled due to COVID-19 restrictions.**

• Printed Name \_\_\_\_\_

• Signature \_\_\_\_\_ Date \_\_\_\_\_

• Email \_\_\_\_\_

Registration for all other  
summer programs must be  
done on our regular  
registration form.

### T-Shirt Size Requested

Youth: Small, Medium, Large

Adult: Small

Child #1	_____	Received	_____
Child #2	_____	Received	_____
Child #3	_____	Received	_____
Child #4	_____	Received	_____