

**PORTSMOUTH RECREATION DEPARTMENT REGISTRATION FORM
CAMP FUNSTUFF 2018 (A Camp For Children Entering Grades 1 - 6)**

****PLEASE PRINT CLEARLY****

Name _____ Entering Grade _____
 Address _____ Age _____ Sex: M F (circle one)
 City _____ State _____ Zip _____

EMERGENCY DAY PHONE FOR:

Mother () _____ Mother's Name _____
 Father () _____ Father's Name _____
 Neighbor or Relative () _____ Name _____

CHECK THE BOX NEXT TO THE SESSION (S) ATTENDING

Check box if early drop off

NO CAMP ON JULY 4th

Check box if early drop off

Session I		June 25-29		Session V		July 23-27	
Session II		July 2-6		Session VI		July 30 - Aug 3	
Session III		July 9-13		Session VII		August 6-10	
Session IV		July 16-20		Session VIII		AUGUST 13-17	
				Session IX		AUGUST 20-24	

COST Residents: \$170 per week/ Eligible Non-Residents: \$190 per week/ Early Drop Off: \$20 per week
NOTE: SESSION II PRO-RATED - RESIDENTS \$140; ELIGIBLE NON-RESIDENTS \$160

T-SHIRT SIZE (Please circle one) YM YL AS AM AL AXL

SWIMMING ABILITY: Please check one of the following:

- NON-SWIMMER** - cannot float or paddle on their own.
- BEGINNER** - comfortable in chest deep water. Can paddle or swim around for a short distance.
- SWIMMER** - can swim 40 yards of the overhand crawl.

MEDICAL INFORMATION - ANY SPECIAL NEEDS: (Please circle one) YES NO IF YES, PLEASE EXPLAIN

MEDICATIONS: (Type and times taken) _____

ALLERGIES: _____

LIABILITY WAIVER / MEDICAL REALEASE

I, the undersigned, parent or guardian, do hereby agree to allow the individual name (s) herein to participate in the aforementioned activity and I further agree to hold the City of Portsmouth, NH and/or the Portsmouth Recreation Department harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

Date: _____

Signature of Parent or Legal Guardian ONLY

THIS SHEET MUST BE SIGNED FOR THE CHILD TO BE ALLOWED IN THIS PROGRAM