**2020 SUMMER RECREATION CAMP**

This program is for children 4 – 13 years of age. The program fee has been broken down with options for daily, weekly, and seasonal rates. If the daily or weekly option is selected, please specify which day(s) and/or week(s) your child/children will attend.

**Fees:**

**Hancock residents:**
- **Seasonal Rate:** $225.00 1st child; $100.00 each additional child
- **Weekly Rate:** $75.00 1st child; $50.00 each additional child
- **Daily Rate:** $25.00

**Non-residents:**
- **Seasonal Rate:** $300.00 each child
- **Weekly Rate:** $100.00 each child
- **Daily Rate:** $35.00 each child

Applications will not be processed without payment. Please make checks payable to: **Town of Hancock, PO Box 6, Hancock, NH 03449**

**Camper information.**

*Please fill out a separate application for each child.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Age:</th>
<th>DOB:</th>
</tr>
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For planning purposes; please check the appropriate box and circle the appropriate day(s) below to indicate when your child will participate.

<table>
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<tr>
<th>Season</th>
<th>July 6 – August 7 (5 Weeks)</th>
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Please indicate if there are any dates your child will not be attending (during any period selected above).

_________________________________________
Please initial each disclosure. 

Participant Name: _______________________________

_____ Once your child is at the camp, (s)he must remain there and participate in activities until completion of the program at 3:00 pm, unless otherwise arranged with the camp director. At that time, your child will be picked up by an authorized person or will bike/walk home if permission has been given to do so. All children must be signed in upon arrival and signed out upon departure. The summer program ends promptly at 3:00 pm. Camp staff are not paid for overtime and cannot go home until your child has been signed out. Campers must be picked up by 3:00 pm. There will be a $10.00 late fee assessed every fifteen minutes for any child picked up after that time.

_____ Participation in this sport/activity may involve risk of injury, as a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heir, executors, and administrators, waive and release all rights and claims against the Town of Hancock, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all loses, damages, fees, and other expenses, arising out of or in connection with participation in this activity. I understand that cancellation and/or refund is unavailable for the Town of Hancock Recreation Program.

_____ I DO/DO NOT authorize the Town of Hancock to reasonable use of any and all images of my child

_____ My child MAY/MAY NOT ride their bike or walk from the Hancock Recreation Program at the completion (3 pm) of the day’s program.

_____ My child MAY/MAY NOT walk to local field trips such as: fire station, police station, library, Hancock market, Norway pond, and other field trip locations determined by the recreation directors/counselors.

_____ My child MAY/MAY NOT ride their bike to local field trips such as: fire station, police station, library, Hancock market, Norway pond, and other field trip locations determined by the recreation directors/counselors.

_____ My child MAY/MAY NOT ride their bikes on bike trails under the direct supervision of camp counselors.

By signing this form, I agree to the above terms and conditions and verify that all information provided on this form is correct:

Parent/Guardian Printed Name: ______________________________________________

Parent/Guardian Signature: ____________________________________________________
Emergency Contact Form
Please complete all requested information and return with Registration

Participant Name: _____________________________________________ DOB: __________

Parent/Guardian Contact Information:

Name: ______________________________________
Address: ______________________________________
Town: ______________________________________
Email: ______________________________________
Primary Phone Number: ______________________
Secondary Phone Number: ____________________

Emergency Contact (1) Information:

Name: ______________________________________
Primary Phone Number: ______________________
Secondary Phone Number: ____________________

Please List any individual that IS authorized to pick up your child:
1. ___________________________________________ 2. ___________________________________________
3. ___________________________________________ 4. ___________________________________________

Please list any individual that is NOT authorized to pick up your child:
1. ___________________________________________ 2. ___________________________________________

Allergies, medications or other considerations:


Please tell us about your child’s swimming ability:
Participant Name: ________________________________

PERMISSION TO TREAT:

I give my permission for the agents, servants, employees and officials to the Town of Hancock to use their sole discretion in seeking and providing treatment for my child by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Parent/Guardian Printed Name: ________________________________

Parent/Guardian Signature: ________________________________

Date: ______________