

Summer Recreation Program Registration Form 2024

Child's Name: _____ Grade Entering: _____ Age: _____ Birthdate _____

Allergies or Other Medical Conditions: _____

Child's Name: _____ Grade Entering: _____ Age: _____ Birthdate _____

Allergies or Other Medical Conditions: _____

Child's Name: _____ Grade Entering: _____ Age: _____ Birthdate _____

Allergies or Other Medical Conditions: _____

Parent/Guardian Name: _____ Phone #: _____

Parent/ Guardian Name: _____ Phone #: _____

Physical Address: _____ City: _____ Zip: _____

Parent Email _____

If you will be car-pooling, who do you give permission to pick up your children: _____

Family Doctor's Name: _____ Phone #: _____

Waivers:

NAME OF PARTICIPANT(S) _____ My son/daughter has permission to participate in the Chesterfield Parks and Recreation Department's program. I hereby waive, for myself and my child, the right to assert any claim arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation sport or activity, I acknowledge that participation in the sport or activity authorized comes with certain risks which are hereby assumed. I relinquish any right, which my child or I might otherwise have for payment of medical costs or other losses beyond whatever insurance I may have. I hereby authorize the Director, Recreation Program Leader, staff and volunteers of the Chesterfield Parks & Recreation Department to act for me, according to their best judgment, in any emergency requiring medical attention. **Initial:** _____

I, _____, the parent or legal guardian of _____ grant the Chesterfield Parks & Rec Department my permission to use my or my child's photograph publicly to promote the program or beach. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use. **Initial:** _____

Parent/Guardian's signature: _____

Director will fill out this part: Registration Received on _____ Amount Enclosed _____ Initials _____

Summer Rec 2024 Registration

Camp will start Monday June 17th- August 9th

PAYMENT IS DUE *at the time of registration to secure your camper's spot. Please indicate registration option as well as the number of children attending also indicate the days and/or weeks your child/children will be in attendance.*

CAMPER/CAMPER'S NAME: _____

Resident Pricing:

___ Full season (8 weeks) \$900 **additional children per family is \$700-* # of children: _____

___ Half season (4 weeks) \$500 **additional children per family \$400-* # of children: _____

Weeks attending: _____

___ Single Week \$150- # of children: _____ Weeks attending: _____

Non-resident Pricing:

___ Full season (8 weeks) \$1,400 **additional children per family is \$1000* # of children: _____

___ Half season (4 weeks) \$750 **additional children per family is \$650-* # of children: _____

Weeks attending: _____

___ Single Week \$200- # of children: _____ Weeks attending: _____

Make checks payable to The Chesterfield Parks and Rec Dept and mail to PO Box 175 Chesterfield, NH

NO REFUNDS for missed or sick days at camp!