

Town of Aberdeen Parks and Recreation Department

2017 Summer Camp

Eligibility: Boys and girls ages 5-12

Registration: Jan 14-Jun 5 (or until full)

Registration Fee: Residents \$85 per week/Non-residents \$130 per week

*\$15 non-refundable/non-transferrable holding fee for additional weeks

Date(s)/Time(s) Jun 19th-Aug 11th

7:45am-5:30pm

Max participants: 40

Participant's Name: _____ **Age:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Date of Birth: ___/___/___ **School:** _____

Parents/Guardians: _____

Email Address: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____ **Ext:** _____

Emergency Contact Name: _____ **Phone:** _____

Emergency Contact Name: _____ **Phone:** _____

Allergies: _____ **Epi Pen:** Yes ___ No ___

Medications: _____ **Seizures:** Yes ___ No ___

Special Dietary Needs: _____

Can the camper swim? Yes ___ No ___

****Please list people permitted to pick camper up from camp****

Name/Relationship: _____ **Name/Relationship:** _____

Name/Relationship: _____ **Name/Relationship:** _____

***Please put a check next to each week you would like to pay**

(1) June 19-23 _____ (2) June 26-30 _____ (3) July 3-7 _____ (\$64 R, \$96 NR) (4) July 10-14 _____

(5) July 17-21 _____ (6) July 24-28 _____ (7) July 31-August 4 _____ (8) August 7-11 _____

WAIVER

I hereby agree to allow my child to participate in the activity sponsored by Aberdeen Parks and Recreation Department. I understand that my child shall abide by all rules as a condition of participation or a risk of expulsion from the program. I understand that my child may suffer accident or injury as a direct or indirect result of participation and agree to assume all risk involved in my child's participation. In the event of an injury, I will not hold the Town of Aberdeen, agents, volunteers, or employees responsible or liable. I also give permission to Aberdeen Parks and Recreation Department to give medical attention to my child as deemed necessary. I also release any pictures taken during this program to be used as promotional purpose.

Parent/Guardian Signature: _____ **Date:** _____

For Department Use Only

Registration Fee: \$85 R \$130 NR (\$15 non-refundable/non-transferrable holding fee for additional weeks)

Total Paid: _____

CASH ___ **CHECK#** ___ **Credit** ___ **Date Paid** ___ **Staff** ___



Parks and Recreation
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