



# CUMBERLAND SUMMER CAMP REGISTRATION FORM

2021

4097 Diamond Hill Rd.

CAMPER INFORMATION					
FIRST NAME:	MI	LAST NAME:	DOB: ___/___/___	AGE	GRADE ENTERING IN SEPTEMBER:
STREET ADDRESS:					SHIRT SIZE:

PARENT/GUARDIAN INFORMATION			
FIRST NAME:	MI	LAST NAME:	RELATIONSHIP TO CAMPER:
STREET ADDRESS:		CITY:	STATE/ZIP CODE:
HOME PHONE:		CELL PHONE:	WORK PHONE:
E-MAIL ADDRESS:			

ADDITIONAL PARENT/GUARDIAN INFORMATION			
FIRST NAME:	MI	LAST NAME:	RELATIONSHIP TO CAMPER:
STREET ADDRESS:		CITY:	STATE/ZIP CODE:
HOME PHONE:		CELL PHONE:	WORK PHONE:
EMAIL ADDRESS:			

EMERGENCY CONTACTS		
<i>PLEASE DESIGNATE TWO INDIVIDUALS WHO MAY BE CONTACTED IF BOTH PARENTS/ GUARDIANS CANNOT BE REACHED</i>		
FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CAMPER:
FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CAMPER:

## GENERAL/MEDICAL INFORMATION

List any medical problems/allergies that staff should be made aware of:

List any activities from which your child should be exempt from for health reasons:

## MEDICAL TREATMENT

In the event of a medical emergency, I agree, that if I cannot be contacted, I authorize the person in charge to seek and obtain emergency medical treatment for my child/ward. I also authorize transportation to the nearest medical facility in the event it should become necessary.

## PICK UP AUTHORIZATIONS

Name:	Address:	Relationship:

Children will be released only to person(s) listed above, unless notified in writing by parent/guardian. Photo ID must be presented at the time of pick up.

**\*\*NO CHILD WILL BE ALLOWED TO LEAVE CAMP WITHOUT ADULT SUPERVISION\*\***

## REFUND POLICY

1. Partial refunds will be awarded up to the first week of camp – NO refunds of any amount will be awarded after the conclusion of the first week of camp
2. NO refunds for missed field trips.
3. If a child is expelled from camp, there will be no refund.

## RELEASE FROM LIABILITY

The undersigned parent/guardian of the camper does hereby agree as a condition to participate in the activity for which this registration form is submitted, that I will indemnify and hold the Town of Cumberland, its officials, employees, instructors and agents harmless from and against any and all liability for any injury or damages which may be suffered by me or by my child/ward, arising out of or in any way connected with the program, and I further make this agreement on behalf of any and all heirs and assigns of the participant.

## PHOTO RELEASE

The Town and local newspapers may use photographs of various programs to promote those programs and I authorize the use of any photograph on myself and/or child/ward.

Please check this box if you DO NOT want your child to be photographed:

## COST

TUITION: \$375      EXTENDED HOURS OPTION (circle one):    Early Drop off (\$100)    Late Pick Up (\$100)    Both (\$150)

**I have read and understand the above and have completed this form to the best of my ability:**

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

**PARENT/GUARDIAN STATEMENT OF UNDERSTANDING**

*The following information is important for the safety and protection of your child.*

*(By initialing you acknowledge and understand each statement)*

- \_\_\_\_\_ I understand that I have free access, at all times, to areas of the program used by my child.
- \_\_\_\_\_ I understand that I am not to leave my child at camp unless a staff member is there to receive and supervise my child.
- \_\_\_\_\_ I understand that my child will not be allowed to leave the program with an unauthorized person.
- \_\_\_\_\_ I will supply my child with proper footwear for safety purposes. Sneakers, and closed toe shoes are appropriate footwear.
- \_\_\_\_\_ I understand that on field trip days my child must wear a camp provided t-shirt.
- \_\_\_\_\_ I understand that there is a zero-tolerance bullying policy.
- \_\_\_\_\_ I understand that my child may not be dropped off prior to 8:30am or after 4:00pm, unless extended hours are requested and paid for.
- \_\_\_\_\_ I have received the Summer Camp Handbook with camp policies and field trip information.
- \_\_\_\_\_ I have read and understand the refund policy.
- \_\_\_\_\_ I certify that if the participant has any physical ailment or condition, which might affect the health of the participant through participation in this activity, I have consulted with his/her physician and received permission to participate.
- \_\_\_\_\_ **I understand that permission slips for field trips must be brought to camp the Friday or Monday prior to the Wednesday field trip for my child to be included. For planning purposes, permission slips will no longer be accepted at the Recreation office the day before the trip.**

I have read and understand the statements above.

\_\_\_\_\_ Child's full name

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

To be completed by Staff

CAMP FEE: \$ _____	Extended hrs \$ _____	Payment Red'c \$ _____
Cash _____	Check # _____	
Camp tuition: _____	Early drop off \$ _____	Late Pick-up \$ _____ Both \$ _____

# 2021 CALENDAR OF FIELD TRIPS

Please initial any trips you would NOT like your child to attend.

DATE	TRIP	PARENT INITIAL TO NOT ATTEND

I give permission for my child to participate in the above field trips run by the Cumberland Summer Camp staff. I understand that these trips will be off camp grounds and camp is closed for the day.

The fees for all field trips are included in camp tuition. If my child does not participate in any/all field trips, that camp tuition will not be reduced or altered.

Name of Child (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_