

**Town of Rothesay Day Camp
Application Form 2006**

Dates of programs: Please indicate the week(s) of registration

Week 1 (June 26-30))
Week 2 (July 3-7)*
Week 3 (July 10-14)
Week 4 (July 17-21)

Week 5 (July 24-28)
Week 6 (July 31-Aug 4)
Week 7 (August 7-11)*
Week 8 (August 14-18)
Week 9 (August 21-25)

\$75 per week, 2nd child same family \$70.

***Short Week due to Holiday (\$62.00)**

***** POLICY*****

**THERE WILL BE AN ADMINSTRATION FEE OF \$10.00 FOR EACH
CANCELLATION AND/OR REFUND.**

**Help us get to know the campers better and keep everyone safe for an enjoyable camp.
Please Fill In All Areas:**

Camper's Name: _____ Age: _____

Home Phone Number: _____

Full Mailing Address:

_____ Email _____

Medicare Number: _____ Date of Birth _____

Medical Conditions or Allergies:

Parents/Guardians **phone** number while child is at camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Contact person other than the Parents/Guardians:

Name: _____ Phone: _____

WAIVER:I am aware that the staff and **the town** of Rothesay assume no responsibility nor liability or loss suffered by my child and that the staff is responsible for him/her upon his/her entering the Day Camp premises. I understand the above liability waiver. **The Town** also has the right to refund any registration **and remove the child when a** child has proven to be a hindrance to the operation of the camp. This may be the result of medical conditions, discipline problems, and/or neglect with other children/ staff or other related circumstances.

Parent's/Guardian's Signature

Date