



BOW PARKS AND RECREATION DEPARTMENT



2018 Summer Day Camp/CIT/Trip Registration/Release Form

Please Print

Child #1: _____ Grade in Fall _____ DOB _____ Last Tetanus _____
 Child #2: _____ Grade in Fall _____ DOB _____ Last Tetanus _____
 Child #3: _____ Grade in Fall _____ DOB _____ Last Tetanus _____
 Child #4: _____ Grade in Fall _____ DOB _____ Last Tetanus _____

Mother's Name _____ Cell _____ Work Phone _____
 Father's Name _____ Cell _____ Work Phone _____

Home Phone _____ Address _____ Town _____
 Emergency Contact Name & Phone _____
 Family Doctor's Name and Phone _____

The following people have permission to transport my child to and/or from the programs: **Name & Phone Number**

We want our programs to be as safe as possible and to have health information in the case of a medical emergency. Please fill out below and explain as needed and/or feel free to talk with us about any concerns.

Conditions checked may require a doctor's note before participation in program.

Which Child?

#1 #2 #3 #4

Carries an Inhaler during program
 Epi-Pen (reason) _____
 Allergies: _____

Please inform us of any medical concerns or medications we need to know about:

N/A

Program	Session/Date	Child				Payment	Ck/CA	Date
		#1 Fee	#2 Fee	#3 Fee	#4 Fee			
Summer Camp	\$325 June 26-Aug 3							
Teen Trip Program	\$30 June 28-Aug 2							
CIT Program	\$50 June 26-Aug 3							
Early Care	\$45 June 26-Aug.3							
Trips								
Beach Trip	June 28- \$15							
Mel's Funway	July 3- \$30							
Beach Trip	July 5- \$15							
Gunstock Adventure	July 10- \$35							
Beach Trip	July 12- \$15							
Whales Tale Water PK	July 17- \$30							
Cannon Mt/Echo Beach	July 19- \$25							
Clarks Trading Post	July 24- \$30							
Beach Trip	July 26- \$15							
Canobie Lake Park	July 31- \$35							
Beach Trip	Aug. 2- \$15							



Bow Parks and Recreation Department Release

In consideration of the permission granted to the participant(s) named on the reverse, to participate in the **PROGRAM(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks & Recreation Department, Town of Bow, volunteers and employees (hereafter referred to as the "Town of Bow") from all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death of the named participant(s), whether caused by the negligence of the Town of Bow while the named participant(s) _____ participates in the **PROGRAM(S) LISTED ON THE REVERSE**.

I further agree to indemnify the Town of Bow & it's employees from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which they become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Town of Bow, its agents and employees on account of injury to the person or property or resulting in death of the named participant whether or not caused by the negligence of the Town of Bow/Employees, whether or not such liability is sole, joint, or several. I represent to Town of Bow that to the best of my knowledge, the participant(s) is/are in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program(s) involves traveling to various activity sites, I release, indemnify and hold harmless the Town of Bow/Employees for any transportation that they provide for which the participant is eligible. I understand that in case of injury or illness, I will be notified. If I cannot be contacted and it is an emergency, I give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery.

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- **By signing below, I agree to the above Release.**
 - **By signing below, I give permission to use the participant's photo for display or advertisement by the Town of Bow and/or Bow Parks & Recreation.**
 - **By signing below, I have read the "Important Camp Policies & Information" sheet and agree to the policies set forth.**

- **Signature** _____ **Date** _____
- **Email** _____

**Registration for all other
summer programs must be done
on our regular registration form.**

T-Shirt
Received



Make Checks Payable to The Town of Bow-There are no refunds for these programs

