

Town of Aberdeen Parks and Recreation Department

2018 Summer Camp

Eligibility: Boys and girls ages 5-12

Date(s)/Time(s) Jun 18th-Aug 10th

Registration: Feb 1-Jun 15 (or until full)

7:45am-5:30pm

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

Max participants: 40 per week

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

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 18-22 _____ (2) June 25-29 _____ (3) July 2-6 _____ (\$68 R, \$102 NR) (4) July 9-13 _____
(5) July 16-20 _____ (6) July 23-27 _____ (7) July 30-August 3 _____ (8) August 6-10 _____

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 all weeks)

Total Paid: _____

CASH ___ **CHECK#** ___ **CC** ___ **ONLINE CC** ___

Date Paid _____ **Staff** _____



Aberdeen
Parks and Recreation

Phone: (910) 944-7275
Fax: (910) 944-1119
301 Lake Park Crossing
Aberdeen, NC 28315
aprd@townofaberdeen.net

