

**HOPKINTON RECREATION DAY CAMP**  
**February 16-19 School Vacation**  
**Closed Monday, February 15<sup>th</sup> for Holiday**

This program is open to all children going into grades K-6 in September. Program hours are Tuesday through Friday, 8:30A-3:30P; extended hours *may be* available from 7:30A-8:30A and from 3:30P-4:30P. Our program includes indoor and outdoor activities (weather permitting), arts and crafts, field trips, special guests and performers. Participants are required to bring a lunch, snack, water bottle, and admission costs to field trips. Tuition for Hopkinton residents is \$30/day, or for children enrolled Monday through Friday \$100/wk. Tuition for non-residents is \$35/day and \$120/wk respectively. The fee for extended care is \$5/hour. Registration is mandatory. *Please complete both sides of this form and the Child Medical Information Form.*

**CHILD'S NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**GRADE IN SEPTEMBER** \_\_\_\_\_ **SCHOOL ATTENDING** \_\_\_\_\_

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

**Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

(Rev. 2/09)

NAME OF CHILD \_\_\_\_\_

Please circle the weeks, days, and extended hours your child will attend camp:

If you need extended hours, please indicate below:

<u>Dates</u>	<u>Days Child Attends</u>	<u>Extended</u>	<u>Morning</u>	<u>Afternoon</u>
February 16-19	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P

**CHILD EMERGENCY INFORMATION**

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS:**

List name and phone number of nearest relative or friend if parent cannot be reached AND who is authorized to pick up your child from camp:

\_\_\_\_\_

LIST ANY MEDICATIONS YOUR CHILD IS TAKING AND MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF:

\_\_\_\_\_

LOCAL PHYSICIAN'S

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

*PLEASE BE AWARE THAT WE ARE NOT AUTHORIZED TO ADMINISTER MEDICATION TO YOUR CHILD. WE ARE RESTRICTED TO BASIC FIRST AID. THERE IS NOT A REGISTERED NURSE ON SITE . I UNDERSTAND THAT THE STAFF AT THE HOPKINTON RECREATION DEPT. WILL CALL FOR AN AMBULANCE FOR MY CHILD IN THE CASE OF A MEDICAL EMERGENCY.*

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_