

# HOPKINTON RECREATION DAY CAMP

July 6-August 24, 2016

PO Box 314- Ashaway-Rhode Island-02804

This program is open to all children going into grades K-6 in September. Program hours are Monday through Friday, 8:30A-3:30P; extended hours are from 7:30A-8:30A and from 3:30P-4:30P. Our program includes indoor and outdoor activities, arts and crafts, swimming, field trips, special guests and performers. Participants are required to **bring a lunch, snack, water bottle, sunscreen, and admission costs** to field trips. Tuition for Hopkinton residents is \$35/day, or for children enrolled Monday through Friday \$150/wk. Tuition for non-residents is \$40/day and \$180/wk respectively. The fee for extended care is \$5/hr or \$4/hr for full time Hopkinton campers. Registration is mandatory. *Please complete both sides of this form and the Child Medical Information Form.* A deposit (made payable to the Hopkinton Recreation Dept) of half of your child's tuition for the first week of camp is required at registration.

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. 2/11)

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

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

<u>Dates</u>	<u>Days Child Attends</u>	<u>Extended</u>	<u>Morning</u>	<u>Afternoon</u>
July 6-8	W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
July 11-15	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
July 18-22	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
July 25-29	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
August 1-5	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
August 9-12	<b>X</b> T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
August 15-19	M T W TH F	Extended:	7:30A-8:30A	3:30P-4:30P
August 22-24	M T W	Extended:	7:30A-8:30A	3:30P-4:30P

**\*X** Denotes week in which there is a holiday closing

### *Extended Care Fees*

*If you sign in your child before 8:30~ you are using extended care*

*If you sign your child out after 3:30~you are using extended care*

***You should expect to be billed for use of extended care***

***ALL PART TIME EXTENDED CARE~ \$5.00/hour***

***Resident: Full time camper extended care: \$4.00/hr***

***Non Resident: Full time camper extended care: \$5.00/hr***

CHILD MEDICAL & EMERGENCY INFORMATION

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

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

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

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

LIST EMPLOYER OR WHERE PARENTS CAN BE REACHED DURING CAMP HOURS:

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

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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 ALLERGIES, MEDICAL RESTRICTIONS, OR EXISTING MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF

\_\_\_\_\_

LIST ANY MEDICATIONS YOUR CHILD IS TAKING

\_\_\_\_\_

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 AUTHORIZE THE STAFF AT THE HOPKINTON RECREATION DEPT. TO CALL FOR AN AMBULANCE FOR MY CHILD IN THE CASE OF A MEDICAL EMERGENCY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE