



~ PLEASE COMPLETE BOTH SIDES OF APPLICATION ~

Camper's Name _____ Male Female

Camper's Phone# _____

Camper's Address _____

City _____ State _____ Zip _____

Birth date _____ Age _____

Camper's t-shirt size _____ **Adult S M L** or **Child S M L**
(Circle One)

~ Please include any special needs your child has on a separate sheet with your application. ~

WAIVER OF PARTICIPATION

I/we assume all risks and hazards incidental to the conduct of the program. I/we do further hereby release, absolve indemnity and hold harmless Newport Recreation Day Camp, The Newport Recreation Department, The Town of Newport and its Officers. In the event of an emergency requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by the Newport Recreation staff to attend to my child. I expect notification before hospitalization.

Parent/guardian signature _____ Date _____

<u>Registering for week of:</u>			<u>WEDNESDAY ONLY</u>
<input type="checkbox"/>	Session 1	June 25-29 Ellacoya State Park www.nhstateparks.org	<input type="checkbox"/> \$20
<input type="checkbox"/>	Session 2	July 2-6 Water Country (camp closed 4 th) www.watercountry.com	<input type="checkbox"/> \$30 (Tue)
<input type="checkbox"/>	Session 3	July 9-13 Surfcoaster www.surfcoasterusa.com	<input type="checkbox"/> \$30
<input type="checkbox"/>	Session 4	July 16-20 Ocean/Wallis Sands www.nhstateparks.org	<input type="checkbox"/> \$20
<input type="checkbox"/>	Session 5	July 23-27 Whales Tale Water Park www.whalestalewaterpark.net	<input type="checkbox"/> \$30
<input type="checkbox"/>	Session 6	July 30-Aug 3 Bromley Mtn Resort www.summer.bromley.com	<input type="checkbox"/> \$30
<input type="checkbox"/>	Session 7	Aug 6-10 Canobie Lake Park www.canobie.com	<input type="checkbox"/> \$30
<input type="checkbox"/>	Session 8	Aug 13-17 Mystery Trip	<input type="checkbox"/> \$25

Deposit due Payment (due Monday of camp, late fees apply after that, \$25.00)
Resident \$85.00, Second child \$75.00 Non-resident \$110.00, Second child \$100.00
 Deposit \$ _____ Check# _____ Paid \$ _____
 1 2 3 4 5 6 7 8

Parent/Guardian #1

Parent Name _____

Parent Home# _____

Parent Cell# _____

Work # _____

Parent Email _____

Occupation/employer _____

Best way to contact

Home# Work # Cell # Email

Parent/Guardian #2

Parent Name _____

Parent Home# _____

Parent Cell# _____

Work # _____

Parent Email _____

Occupation/employer _____

Best way to contact

Home# Work # Cell # Email

Emergency Contact

Name _____

Home# _____ Cell# _____

Best way to contact

Work # _____ Home# Work # Cell #

Medical Information

Physician _____ Phone # _____

Dentist _____ Phone # _____

Insurance Company _____

Policy # _____

In the event of an emergency I prefer treatment at:

- Valley Regional New London Hospital Dartmouth Hitchcock Closest
- Other _____

Date of last Tetanus Shot _____

Any medical issues/medications, explain _____

Any additional info (behavioral, allergies, etc) explain _____

Parent Authorization

This health history is correct to the best of my knowledge, and the person named has permission to take part in all prescribed activities unless otherwise noted below. In the event of an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

Signature _____ Date _____