



Town of Hampstead

Community Services and Recreation Department



DAY CAMP REGISTRATION FORM 2019

Group: _____

CAMPER'S FAMILY NAME: _____ **FIRST NAME:** _____

PARENT 1 FAMILY NAME		FIRST NAME	
PARENT 2 FAMILY NAME		FIRST NAME	
ADDRESS NO.	STREET	APARTMENT #	
CITY	PROVINCE	POSTAL CODE	
PARENT 1 CELL#:		PARENT 2 CELL #:	
HOME TELEPHONE #:		OTHER:	
EMAIL ADDRESS:			

<u>DATE OF BIRTH</u>			<u>SEX:</u>	<u>AGE:</u>	KOSHER (circle one): yes
YEAR:	MONTH:	DAY:	M F		no

MEDICAL INFORMATION

MEDICARE CARD NUMBER		EXPIRY DATE	
CHILD'S PHYSICIAN		TEL. NUMBER	
ALLERGIES TO MEDICATION (please specify)		ALLERGIES TO FOOD (please specify)	
DOES YOUR CHILD HAVE ANY PHYSICAL OR EMOTIONAL CONDITION OF WHICH WE SHOULD BE AWARE?			

EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME	TEL. CELL	TEL. HOME
1.		
2.		

PERSONS AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENTS)

NAME	RELATIONSHIP TO CHILD	TEL. NUMBER(S)
1.		
2.		

☺ **SPECIAL REQUEST TO BE WITH ONE FRIEND** (every attempt will be made to make such placements, however there are no guarantees that it will occur). Name of friend: _____

* **SWIM LEVEL:** _____

Waiver For Use of Photographs Taken During Activities

I authorize the CSR department to take photographs during programs and activities which I have registered for or attend. I understand that these pictures may be used for future promotional purposes, without any compensation.

Signature : _____



WAIVER - CONDITION OF PARTICIPATION IN ANY CSR DEPARTMENT PROGRAM

I hereby assume all risks relating to the activity for which I register, whether inherent therein or foreseeable or not, and I hereby release the Town of Hampstead, its employees, officers, agents and volunteer workers (all hereafter called the Town) from, and waive and renounce to, any claim for loss or damage to person or property, however arising, to the complete exoneration of the Town, and will save the Town harmless from any such claim in principal interest and costs. If I sign the present in my capacity either as a parent or guardian, to enable a minor to participate in a program, I acknowledge it is subject to the same waiver as I am the participant. Furthermore, by signing as a parent or guardian, I hereby agree to indemnify and hold harmless the Town of Hampstead, its employees and volunteer workers from any claims for any accident, injury or loss which I or the minor child I am signing for may sustain while participating in the program activity. The Town of Hampstead is not liable for any material prejudice but not limited to, theft or loss of items, by a participant or by any other person. Further, I understand that any information which is found to be false will automatically cancel the registration, without recourse for refund. In situations whereby any services are required due to an emergency, such as ambulance, the entire cost is to be covered by the participant. I hereby authorize, at my expense, whatever medical treatment my child (if applicable) may require in the event of any emergency. Registrants are urged to obtain their own insurance.

Acknowledgement of Waiver condition:

Parent / Guardian signature: _____

Date: _____