



**MERRIMACK PARKS & RECREATION  
NATICOOK DAY CAMP 2020  
CAMPER REGISTRATION FORM**



Child's Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_  
 Date of Birth (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Email Address: \_\_\_\_\_

Child's First Name: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Age (as of 6/22/20): \_\_\_\_ Grade Entering in Sept: \_\_\_\_  
 Gender: \_\_M\_\_ F Current School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Address (if different than above)  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Telephone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Camper: \_\_\_\_\_  
 Home Address (if different than above)  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Work Telephone #: \_\_\_\_\_

**In the event of an emergency who is the best person to reach?** \_\_\_\_\_

**CAMP TUITION RATES**

**RESIDENT RATE:** \$225.00 per week  
**NON-RESIDENT RATE:** \$275.00 per week

**EXTENDED DAY TUITION OPTIONS**

**AM ONLY:** \$20.00 per week  
**PM ONLY:** \$30.00 per week  
**BOTH AM & PM:** \$50.00 per week

<u>CAMP SESSIONS</u>	<u>SESSION SELECTION</u>
<b>Week 1:</b> June 22 – June 26	
<b>Week 2:</b> June 29 – July 3	
<b>Week 3:</b> July 6 – July 10	
<b>Week 4:</b> July 13 – July 17	
<b>Week 5:</b> July 20 – July 24	
<b>Week 6:</b> July 27 – July 31	
<b>Week 7:</b> August 3 – August 7	
<b>Week 8:</b> August 10 – August 14	
<b>Week 9:</b> August 17 – August 21	

<u>EXTENDED DAY OPTION</u> (please check if applicable)
<b>Week 1:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 2:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 3:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 4:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 5:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 6:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 7:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 8:</b> __AM ONLY __PM ONLY __BOTH
<b>Week 9:</b> __AM ONLY __PM ONLY __BOTH

In consideration for my child's participation in programs sponsored by the Town of Merrimack, Parks and Recreation Department, I hereby release and discharge the Town, its employees and agents from any and all claims for personal injury or other damage that my child might sustain or that might occur in the future as a result of my child's participation in the Naticook Day Camp Program. I acknowledge that my child's participation in this program is voluntary and that participation in these activities carries inherent foreseeable and unforeseeable risks. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns. Further, I agree to indemnify and hold harmless the Town, its employees and agents for any loss, damages or cost, including attorney's fees, which the Town may have to pay if any claims arise from said participation in Parks and Recreation activities. I understand that by signing this form, I am waiving legal rights and/or remedies which may be available to me or my child.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**MERRIMACK PARKS & RECREATION  
NATICOOK DAY CAMP 2020  
HEALTH HISTORY & MEDICAL AUTHORIZATION FORM**



Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

**Health & Medications:** The following information is required so that we are fully aware of any health concerns or limitations pertaining to your child. Per NH State Law, in addition to this form, all Campers must submit a record of immunizations and a record of a physical from within the past 24 months in order to attend Camp.

Check Health Status	No	Yes
Allergies (environmental, food or medication)		
Asthma		
Diabetes		
Dietary Restrictions		

Check Health Status	No	Yes
Seizure Disorder		
Inhaler		
Epi Pen		
Prescribed medication		

If you checked "YES" in any of the boxes above, please list any details related to that response in the space below.

\_\_\_\_\_

**Are there any activities that your child should not participate in?** \_\_\_\_\_

**Is there anything else that we should know about your child?** \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Telephone Number: \_\_\_\_\_

Medical Insurer/Health Plan Name: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Over the Counter Medication Release: (Please *initial* each approved Over-The-Counter medication)**

I authorize the Camp Medical Staff to provide the following over the counter medications if deemed necessary. Parents will be notified of any medication that is administered to their child. \_\_\_ Acetaminophen \_\_\_ Benadryl \_\_\_ Ibuprofen

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency, we will always contact the parents/guardian first. However, if we are unable to reach you, please list the full names of all persons authorized by you to **pick up your child** from Naticook Day Camp.

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
1. _____			
2. _____			
3. _____			
4. _____			

\*\*\* **NO** Camper will be released to anyone other than the individuals listed above. This form may be amended by Custodial Parent(s)/Legal Guardian(s) in person at the Day Camp Office as needed.

**PERMISSION TO TREAT:** I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for staff of the Parks and Recreation Department to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the staff of the Parks and Recreation Department to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, and that Parks and Recreation staff will contact me as soon as possible in the event such treatment is necessary, but is given to provide authority and power on the part of the staff of the Parks and Recreation Department in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. I, the Minor's parent or legal guardian have read this form and understand its terms and I execute it voluntarily and with full knowledge of its significance.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_