



**MERRIMACK PARKS & RECREATION
2020 CAMP TREK
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 6/20/20): ____ Grade Entering in Sept: ____
 Gender: __M__ __F__ Current School: _____
 T-Shirt Size: _____

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? _____

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

CAMP TUITION RATES

Resident Rate: \$275.00 per week
Non-Resident Rate: \$325.00 per week

EXTENDED DATE TUITION OPTIONS

AM Only \$20.00 per week
PM Only \$30.00 per week

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

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

In consideration for my child's participation in the Camp Trek program, sponsored by the Town of Merrimack, Parks and Recreation Department, I hereby release, waive, discharge and covenant not to sue the Town of Merrimack, its officials, employees, agents and representatives (hereinafter "Releasees") from all liability to the undersigned, and his/her representatives, heirs, and successors in interest (hereinafter "undersigned") for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property of the undersigned, whether caused by the negligence of the Releasees or otherwise while the undersigned is participating in a program sponsored by the Town of Merrimack. I Hereby agree to indemnify and save and hold harmless the Releasees from any loss, injury, liability, damage or cost they may incur due to the presence of the undersigned in or about, or the undersigned's use of, as a result of I/my child's participation in the Town of Merrimack, Parks & Recreation Department Programs whether caused by the negligence of the Releasees or otherwise. I hereby assumes full responsibility for and risk of bodily injury or property damage, including but not limited to death, paralysis, brain injury, heart attack, stroke, aneurysm, broken bones, torn tendons or ligaments, torn muscles, spinal injury, damage to organs, disease, infection and any other physical or emotional injury, medical or psychiatric condition or complication of any kind whatsoever, due to any cause, including the negligence of Releasees or otherwise, while participating in the Town of Merrimack Parks & Recreation Department programs. I understand that by agreeing to this release of liability, I am waiving legal rights and/or remedies which may be available to me.

Parent/Guardian Signature: _____

Date: _____



**MERRIMACK PARKS & RECREATION
2020 CAMP TREK
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		
Epi Pen		
Inhaler		
Prescription medication for other medical conditions?		

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 Phone Number: _____

Medical Insurer/Health Plan: _____

Group/ Policy Number: _____

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/ Camp Trek.

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: _____