

EXTENDED DAY 2009

PLEASE USE A SEPARATE FORM FOR EACH CAMPER.

CAMPER INFORMATION

Name _____ Gender _____ DOB _____ Gr. (Fall '09) _____

Street _____ Town _____ Zip _____ Phone _____

Parent 1 _____ Phone _____ Email _____

Parent 2 _____ Phone _____ Email _____

ATTENDANCE & FEE INFORMATION

Please check the appropriate Camp, Days per week, Weeks and Fees:

Camp

Kinder Camp (K)
Discovery Camp (Gr. 1 & 2)
Explorer Camp (Gr. 3, 4 & 5)
Adventure Camp (Gr. 6 - 8)

Days Per Week

M T W Th F

Weeks

1 (July 6 - July 10)
2 (July 13 - July 17)
3 (July 20 - July 24)
4 (July 27 - July 31)
5 (August 3- August 7)
6 (August 10 - August 14)

Fees Per Week

Kinder Camp 1 – 3 p.m.
\$80 5 days / \$65 4 Days / \$50 3 days
Kinder Camp 1 – 6 p.m.
\$200 5 days / \$160 4 Days / \$120 3 days
All other camps 3 - 6 p.m.
\$120 5 days / \$95 4 Days / \$75 3 days

SUMMARY

Amount per week \$ _____ X Number of weeks _____ = Amount of Extended Day \$ _____

REGISTRATION INFORMATION

- Registration can be made online (www.LincolnRec.com) or in paper form. Full payment is required unless previous arrangements are made with the Recreation Director.
- Mails forms and payment (payable to the Town of Lincoln) to: *Lincoln Rec. Dept, Box 6353, Lincoln, MA 01773* or deliver to the Recreation Office, Hartwell A Pod, Ballfield Road. Please use a separate form for each camper.
- CANCELLATIONS AND CHANGES MUST BE SUBMITTED IN WRITING.

I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.

X _____ X _____ X _____
Parent/Guardian Signature Print Name Date

FOR OFFICE USE ONLY:

Date _____ Deposit _____ Check # _____ Date _____ Balance _____ Check # _____