

Summer Day Camp Registration

2016



Participant Name

Parent Name/s

Street

City/State/Zip

Home #

Work #

Cell #

E-mail

Y / N Agree to receive texts

Participant Birthdate

Age

Emergency Contact #1

Emergency Contact #2

Phone #

Phone#

Pick-up

1

3

2

4

Please check which weeks you will be signing up for

- 1 6/27-7/1 Let's Get This Summer Started
- 2 7/5-7/8 Electric Color War
- 3 7/11-7/15 Master Builder
- 4 7/18-7/22 Cook It Real Good
- 5 7/25-7/29 Retro Blast From The Past

- 6 8/1-8/5 Wet and Wild
- 7 8/8-8/12 Campin' Out Survivor
- 8 8/15-8/19 Hawaiian Holiday
- 9 8/22-8/26 Salty Shorelines

No Refunds on Deposits

\$20 Deposit

\$160/ week

\$135 7/5-7/8

5% multiple child discount/all summer discount

Allergies Y / N

Additional Information: _____

**RECREATION PARTICIPATION RELEASE
(REQUIRED PRIOR TO PARTICIPATION)**

The undersigned parent/guardian of participant has been informed that the Town of Steilacoom does not provide accident, health, medical, or disability insurance for the protection of those who participate in recreation programs sponsored by the Town of Steilacoom. Accordingly, the undersigned acknowledges responsibility for providing insurance against the above risks, and in consideration of the privilege of participating, holds the Town of Steilacoom, its officers and employees, harmless from any and all loss or damage arising from any accident occurring during or in connection with participation in the recreation program. Furthermore, emergency medical attention may be administered to participant in case of injury, accident or illness. I also give permission for my child to attend off-site field trips.

Signature of parent or guardian

Date