

Pelham Parks and Recreation

6 Village Green, Pelham, NH 03076

Phone : 603-635-2721

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2026 TOT CAMP REGISTRATION FORM

(Ages 3-5)

Tues/Thurs, from 10 am to 2 pm starting July 7 ending August 13

At E. G. Raymond Memorial Park, 35 Keyes Hill Rd., Pelham NH

CHILD NAME: _____ *AGE (as of 7/1): _____

PARENT

ame(s): _____

ADDRESS: _____ CELL: _____

Email address: _____

*NOTICE FOR PARENTS: There is no extra charge for a t-shirt. An emergency card is required for each child also. **Child MUST BE potty trained and able to dress/undress self.** Camp may run in rain or shine since this is an indoor facility. First come, first served. Space IS limited.*

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY **AGREEMENT**

In consideration of the permission granted to the participant named in the Pelham Parks and Recreation Tot Summer Camp we shall release, waive, discharge and covenant not to sue the Town of Pelham, Parks and Recreation Dept., their agents and employees, from all liability from any and all loss or damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the name participant except in the case of gross or willful wanton negligence of the Town of Pelham, Parks and Recreation Dept., its agents and employees or otherwise while the named participant participates in the Pelham Parks and Recreation Summer camp playground at any of the Town's park facilities.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and I represent to the Town of Pelham, Parks and Recreation Dept. that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating. I acknowledge that I have received and read the General Information form given with registration, including but not limited to the zero-tolerance policy and absence of medical personnel as it pertains to the playground and other programs.

I/we understand that the above program may involve traveling to various activity sites. I/we accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnity and hold harmless persons proving such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it's an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child. I/we understand that the outline of this program is subject to change without notice and that my child may be videotaped or photographed during participation. Photos and videos will appear on internet sites. I/we further agree the privileges may be revoked upon any participants at the sole discretion of the Director of Parks and Recreation. Photos or videos will be taken for websites.

I/we, the parent or legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with willful knowledge of its significance.

Signature of Parent/Legal Guardian

Date

Costs for tot camp: \$345 first child/\$295 additional child in same family (PELHAM RESIDENTS ONLY)