Pelham	Parks	and	Recr	reation
6 Villag	e Green,	Pelha	m, NH	03076

Phone: 603-635-2721

Email: Recreation@pelhamweb.com

Fax: 603-508-3094

## 2024 SUMMER CAMP REGISTRATION FORM

CIRCLE one or more weeks at PVMP, OR this 6-week option: 7/10-8/18/22 (six weeks camp) or any 3-week or 1-week options

Week 1: 7/08-7/12 Week 2: 7/15-7/19 Week 3: 7/22-7/26 Week 4: 7/29-8/2 Week 5: 8/5-8/09 Week 6: 8/12-8/16

There is no attendance requirement for your chosen week(s) and no proration of fees beyond what is outlined here. PLEASE SEE SEPARATE FORM FOR **TOT Summer** CAMP – ages 3 to 5

CIRCLE one:	Juniors (ages 6-7)	Middies (ages 8-9)	Intermediates (ages 10-11)	Seniors (ages 12-13/14)

CHILD NAME:	Circ	le: M F	AGE (as of 7/1/24):	
ADDRESS:	Том	vn/State _		
HOME PHONE:	PARENT CELL(S):			
Email address:		Childs DOI	B (required):	
Parents Names.				

NOTE REGARDING T-SHIRTS: There is no extra charge for a t-shirt. The camp tees will be passed out the first day they attend camp. One per camper.

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

In consideration of the permission granted to the participant named in the Pelham Parks and Recreation Summer Camp, I/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 at any of the Town's park facilities.

I/we further agree to indemnity the Town of Pelham, Parks and agents, Recreation Dept, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Pelham, Parks and Recreation Dept, their agents and employees become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments against the Town of Pelham, Parks and Recreation Dept., their agents and employees on account of injury to the person or property or resulting in the death of the named participant, except in the case of gross or willful wanton negligence of the Town of Pelham, Parks and Recreation Dept., their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and there 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/or videos any be added to our 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.

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. I/we have executed this release on this date indicated next to my name.

Signature of Parent/Legal Guardian

Date

Costs for PVMP 6-wk camp: \$595/one child, \$450 for each add'l child in same family; any 3 weeks \$395, add'l child \$295; 1 week \$195, add'l \$150.

Checks payable to Town of Pelham. We accept charge cards MC/VISA/AMEX/Discover. Online registration open for 6 weeks only.