

Town of Long Beach
Park & Recreation Summer Camp Registration 2017
Monday – Friday 9 a.m. – 11:30 a.m. at the Long Beach Community Center

PLEASE PRINT ALL INFORMATION

Parent's Name: _____

Address: _____

Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Contact Phone Number: _____

Participant's Name (please print)	Age (3-11)	Fee

Please Circle Weeks Attending If Not Attending Entire Camp:

Week 1 – Camping: June 19 – June 23

Week 2 – Extreme Sports: June 26 – June 30

Week 3 – Winter In July: July 3 – July 7 (No Camp July 4th and 5th)

Week 4 – Build It!: July 10 – July 14

Week 5 – Mad Scientist: July 17 – July 21

Week 6 – Explorer: July 24 – July 28

Week 7 – Superheroes: July 30 – August 4

Resident Weekly Fees: \$ 40.00

Non-Resident Fees Per Week: \$65.00

Resident Fees for Complete Camp: \$100.00

Non Resident Fees for Complete Camp: \$175.00

Checks Payable to: Town of Long Beach

Total Enclosed: _____

Please List Allergies: _____

PHOTO RELESAE: I hereby authorize the Town of Long Beach to publish the photographs taken of my child, and his/her name, for use in printed publications and website. I acknowledge that since my participation in publications and websites produced by the Town of Long Beach is voluntary, I will receive no financial compensation. I further agree that my participation in any publication and website produced by the Town of Long Beach confers upon me no rights of ownership whatsoever. I release the Town of Long Beach, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Yes _____ **No** _____ **Initials** _____

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUPTION OF RISK. Please read this form carefully and be aware that in signing up and participating in this program or activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child might sustain as a result of participating in any and all activities connected with and associated with the program or activity. I recognize and acknowledge that there are certain risks of physical injury to participants in this program or activity and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have as a result of participating in this program or activity against the Town of Long Beach, including its officials, agents, volunteers and employees.

Parent or Guardian: _____ **Date:** _____

PLEASE RETURN REGISTRATION FORM TO: Long Beach Town Hall, 2400 Oriole Trail, Long Beach, IN 46360