



# Calais Recreation Summer Camp (CRSC) Registration Form

Camper's Name \_\_\_\_\_ Male or Female \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

## \*Parent/Guardian Information/Emergency Contacts

Parent/Guardian Name: _____	Address: _____
Phone Numbers: Cell # _____ Home # _____ Work # _____ ext _____	
Parent/Guardian Name: _____	Address: _____
Phone Numbers: Cell # _____ Home # _____ Work # _____ ext _____	

## \*Authorized Pick-Up People & Secondary Emergency Contacts

Name: _____	Phone Numbers: _____
Name: _____	Phone Numbers: _____
Name: _____	Phone Numbers: _____

## \*Health Information

Are this child's immunizations up to date? <b>YES or NO</b>
Name of child's physician _____ phone # _____
Name of child's dentist _____ phone # _____
<b>Allergies:</b> Please list allergies that may require medication: _____
*If medication for allergies may be necessary during camp hours the <b>Request for Administration of Medication Form</b> must be completed.
*My child can use summer camp provided bug spray if needed: <b>YES or NO</b>
*My child can use summer camp sunscreen in the case that their personal sunscreen has run out: <b>YES or NO</b>
*Camp staff may use photos of my child taken during summer camp in newsletters, in the local newspaper, on the Calais Day Camp Facebook page or on the Calais Recreation Website: <b>YES or NO</b>

## \* Payment for CRSC - DAILY RATE: \$15 (check which box applies)

<input type="checkbox"/> My child is a Calais Resident	<b>Calais Resident: Single Camper- \$50, \$30 per additional camper</b> (weekly rate)
<input type="checkbox"/> My child is a NOT a Calais Resident	<b>Non-Residents: Single Camper- \$60, \$40 per additional camper</b> (weekly rate)
Campers with an unpaid balance for two weeks will be dismissed from camp until the balance is paid in full and will be able to participate each week thereafter when paid in advance.	
(With signing this registration form, I understand and acknowledge the rules of payment for my camper to remain eligible to participate in CRSC. If there is any concern regarding payment, please do not hesitate to reach out to Craig Morrison.)	

## \*CONSENT for CRSC PROGRAM PARTICIPATION and WAIVER of LIABILITY

I give my permission for my child _____ to participate in the Calais Recreation Summer Camp (CRSC) program for which he/she is registered. I give permission for my child to participate in activities, lessons, around-town walking trips, day long field trips, and other scheduled events. I understand that if I DO NOT want my child to participate in a given day's activities I will keep my child home from camp that day without a refund or discount of monies paid. I give permission for my child to receive emergency medical treatment if necessary. It is understood that every effort will be made to contact a person on the emergency contact list before or immediately after taking this action in case of a severe medical emergency. I understand that participation is at my and my child's own risk and that Calais Recreation Center will not be liable for injuries sustained or be responsible for any medical expenses incurred as a result of my child's participation. I have received, read, understand, and accept the Calais Recreation Summer Camp policies as stated in the Parent Handbook.	
Parent Signature _____	Date _____
*(if only one parent/guardian signature, consent is implied from the other parent/guardian)	

**\*If you have a balance due from the 2023 camp program, those fees are due before your child can attend 2024 summer camp  
Call Trinity Jones (207) 214-7863 to check your balance and make payment arrangements.**