For Office Use Only	1A 1B 2A 2B 3A 3B 4A 4B

Registration Form

Child's Name_____ M_____ F_____
First Last

Mailing Address _____E-Mail_____

Age_____ Date of Birth_____

Current Grade _____ Current School _____

Phone: home#_____ cell#_____

Father's Full Name_____ daytime phone#_____

Mother's Full Name_____ daytime phone #_____

Doctor's Name and Number_____

Emergency Name and Number_____

If divorced or legally separated who has custody?_____

The following people have permission to pick up my child

_____ _____ _____ _____

Medical Considerations: asthma_____allergies_____other_____

T-shirt Size: 6/8 10/12 14/16 Adult S Adult M Adult L Adult XL

If we have enough interest, we will add after camp care from 2PM – 5PM at an additional cost of $30/week. Would you be interested? Yes No

Agreement

Boonton Parks and Recreation is not responsible for any camper's belongings lost or damaged at camp. In the event that my family physician or I cannot be reached in an emergency, I hereby grant Boonton Parks and Recreation permission to bring my child to a hospital emergency room. The above child is covered by appropriate Medical/Accident insurance or I accept full responsibility for any injury that might occur during camp activities. Neither I nor my child or wards will hold the Boonton Recreation Committee, participating schools, nor any of their employees responsible for any accidents or injuries which may occur in the course of, prior to the start of, or after the facilitation of the above programs.

Parent Signature_____ Date_____