


summer camp 2010

Beverly Recreation Department

Session Dates:

- 1) June 28-July 9 3) July 26-Aug 6
 2) July 12-23 4) Aug 9-20

Child's Name					A.M. TINY TYKES CAMP (ages 3-5)				
Address					Circle age at time of camp: 3 4 5				
City, State, Zip					Circle all sessions attending: 1 2 3 4				
Home Phone					Circle days attending: M/T/W W/Th/F M-F				
M / F	Age	DOB			Optional:				
T-Shirt Size:	Youth	sm	med	large	[] Early Care (8-9AM) / \$3 per day				
	Youth	sm	med	large	Second Choice:				
Allergies (if any):					If my session is not available please				
Parent/Guardian Information					[] Substitute Session # _____				
Guardian #1					[] Wait List [] Cancel				
Cell Phone					FULL DAY TINY TYKES (ages 4 & 5)				
Business Phone					Circle age at time of camp: 4 5				
Guardian #2					Circle all sessions attending: 1 2 3 4				
Cell Phone					Circle days attending: M/T/W W/Th/F M-F				
Business Phone					Optional:				
Emergency Information (person to call in the event that parent(s) cannot be reached)					[] Early Care (8-9AM) / \$3 per day				
Name					[] Late Care / \$50 session				
Phone					[] 3-4PM [] 3-5PM [] 3-6PM				
Relationship to Child					Second Choice:				
Insurance Information					If my session is not available please				
Company Name					[] Substitute Session # _____				
Account #					[] Wait List [] Cancel				
Scholarship Fund					ACME JR. (entering Gr. 1-2)				
We believe that no child should be excluded due to an inability to pay. If you would like to help a child attend camp, please consider adding \$1 (or more) to your payment. Amount enclosed for fund: \$_____. Thank you!					Circle grade for Sept. '10: 1 2				
ADVENTURE CAMP (entering Gr. 6-8)					Circle all sessions attending: 1 2 3 4				
Circle grade for Sept. '10: 6 7 8					Optional:				
Circle all sessions attending: 1 2 3 4					[] Early Care (8-9AM) / \$30 session				
Optional:					[] Late Care / \$50 session				
[] Early Care (8-9AM) / \$30 session					[] 3-4PM [] 3-5PM [] 3-6PM				
[] Late Care / \$50 session					Second Choice:				
[] 3-4PM [] 3-5PM [] 3-6PM					If my session is not available please				
Second Choice:					[] Substitute Session # _____				
If my session is not available please					[] Wait List [] Cancel				
[] Substitute Session # _____					ACME FUN CAMP (entering Gr. 3-5)				
[] Wait List [] Cancel					Circle grade for Sept. '10: 3 4 5				
PLEASE COMPLETE SIDE 2 					Circle all sessions attending: 1 2 3 4				
					Optional:				
					[] Early Care (8-9AM) / \$30 session				
					[] Late Care / \$50 session				
					[] 3-4PM [] 3-5PM [] 3-6PM				
Second Choice:									
If my session is not available please									
[] Substitute Session # _____									
[] Wait List [] Cancel									

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WAIVER OF DAMAGES & RELEASE OF CLAIMS OF MINOR CHILD

The undersigned being the parent or legal guardian of:

(Child's Name) _____ a minor child, in consideration of his/her use of property belonging to the City of Beverly, and/or his/her participation in programs, leagues, or events sponsored by the City of Beverly, and being aware of the risks associated with such use of participation, hereby release and discharge the City of Beverly, its agents and employees from any and all claims for personal injury or other damages that I might have as such parent or legal guardian, now or in the future, and from any and all claims that my said child may have now or may acquire in the future, as a result of personal injury or damages that s/he may sustain as a result of his/her participation in (Name of Program) _____.

I agree that pictures taken in connection with the program or event may be used for future promotional purposes.

Signature of Parent or Guardian: _____ Date: _____

A deposit of **\$50 per session, per child** is due at time of registration. Deposit will be deducted from your balance.

Deposit is **NOT REFUNDABLE** or transferable to another session if you cancel at any time after registration has been processed.

Written confirmation will be sent as soon as your registration is processed. Please allow 3-4 weeks.

Please make checks payable to: Beverly Recreation Department

Visa/MC Acct # _____ Exp. Date _____

Amount to charge at this time _____

Signature _____ Date _____