

## HOW TO REGISTER FOR BEVERLY RECREATION SUMMER CAMPS...

All registration forms must be sent by mail, fax or done online at our website, [www.bevrec.com](http://www.bevrec.com).  
Use the form below or download one from our website.

We will start accepting registration forms right away (you can send it today!) and will continue to accept forms until **4:30PM on Thursday, February 9**. As registration is received in our office, each family will be assigned a number. If multiple families are received in the same envelope, each will receive a separate number. ***Non-resident registration will be accepted starting May 1. Please add 20% to regular session rates.***

On **Friday, February 10** we will pick numbers at random and register the family with the corresponding number. If the session you selected is full when your number is selected, we will go to your second choice or wait list you according to the information you have given us on your enrollment form.

After February 10 registration will be processed on a first come, first served basis, but should still be mailed or done online. Be sure to include your deposit by check or credit card.

Please choose one option! Last year we received registration for the same children by mail and online.

Space is limited in every camp. Some camp sessions will fill up the first day of registration and we cannot guarantee that every applicant will receive their first choice sessions!

Our office will not be open to the public on Friday February 10 so that we can process registration quickly and efficiently.

**We will send you a postcard confirmation by February 20.**

Please do not call the office about the status of your registration before this date.

**ONLINE:**

[www.bevrec.com](http://www.bevrec.com)

**FAX:**

978-927-1386

**MAIL:**

Recreation Office, 55 Ober Street, Lynch Park

**YOUTH REGISTRATION CANNOT BE DONE OVER THE PHONE**

# summer camp 2012

## Beverly Recreation Department

### Session Dates:

- 1) June 25-July 6                      3) July 23-Aug 3
- 2) July 9-20                            4) Aug 6-17

Child's Name Address City, State, Zip Home Phone M / F                      Age                      DOB T-Shirt Size:            Youth                      sm                      med                      large Youth                      sm                      med                      large Allergies (if any): <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Parent/Guardian Information</b></div> Guardian #1 Cell Phone Business Phone Guardian #2 Cell Phone Business Phone <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Emergency Information</b> (person to call in the event that parent(s) cannot be reached)</div> Name Phone Relationship to Child <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Insurance Information</b></div> Company Name Account # <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Scholarship Fund</b></div> 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! <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>ADVENTURE CAMP (entering Gr. 6-8)</b></div> Circle grade for Sept. '12:        6                      7                      8 Circle all sessions attending:    1                      2                      3                      4 <div style="text-align: center;"><b>Optional:</b></div> <input type="checkbox"/> Early Care (8-9AM) / \$30 session <input type="checkbox"/> Late Care / \$50 session <input type="checkbox"/> 3-4PM <input type="checkbox"/> 3-5PM <input type="checkbox"/> 3-6PM <div style="text-align: center;"><b>Second Choice:</b></div> <b>If my session is not available please</b> <input type="checkbox"/> Substitute Session # _____ <input type="checkbox"/> Wait List <input type="checkbox"/> Cancel	<div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>A.M. TINY TYKES CAMP (ages 3-5)</b></div> Circle age at time of camp:    3                      4                      5 Circle all sessions attending:   1                      2                      3                      4 Circle days attending:    M/T/W                      W/Th/F                      M-F <div style="text-align: center;"><b>Optional:</b></div> <input type="checkbox"/> Early Care (8-9AM) / \$3 per day <div style="text-align: center;"><b>Second Choice:</b></div> <b>If my session is not available please</b> <input type="checkbox"/> Substitute Session # _____ <input type="checkbox"/> Wait List <input type="checkbox"/> Cancel
	<div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>FULL DAY TINY TYKES (ages 4 &amp; 5)</b></div> Circle age at time of camp:    4                      5 Circle all sessions attending:   1                      2                      3                      4 Circle days attending:    M/T/W                      W/Th/F                      M-F <div style="text-align: center;"><b>Optional:</b></div> <input type="checkbox"/> Early Care (8-9AM) / \$3 per day <input type="checkbox"/> Late Care / \$50 session <input type="checkbox"/> 3-4PM <input type="checkbox"/> 3-5PM <input type="checkbox"/> 3-6PM <div style="text-align: center;"><b>Second Choice:</b></div> <b>If my session is not available please</b> <input type="checkbox"/> Substitute Session # _____ <input type="checkbox"/> Wait List <input type="checkbox"/> Cancel
	<div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>ACME JR. (entering Gr. 1-2)</b></div> Circle grade for Sept. '12:        1                      2 Circle all sessions attending:   1                      2                      3                      4 <div style="text-align: center;"><b>Optional:</b></div> <input type="checkbox"/> Early Care (8-9AM) / \$30 session <input type="checkbox"/> Late Care / \$50 session <input type="checkbox"/> 3-4PM <input type="checkbox"/> 3-5PM <input type="checkbox"/> 3-6PM <div style="text-align: center;"><b>Second Choice:</b></div> <b>If my session is not available please</b> <input type="checkbox"/> Substitute Session # _____ <input type="checkbox"/> Wait List <input type="checkbox"/> Cancel
	<div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>ACME FUN CAMP (entering Gr. 3-5)</b></div> Circle grade for Sept. '12:        3                      4                      5 Circle all sessions attending:   1                      2                      3                      4 <div style="text-align: center;"><b>Optional:</b></div> <input type="checkbox"/> Early Care (8-9AM) / \$30 session <input type="checkbox"/> Late Care / \$50 session <input type="checkbox"/> 3-4PM <input type="checkbox"/> 3-5PM <input type="checkbox"/> 3-6PM <div style="text-align: center;"><b>Second Choice:</b></div> <b>If my session is not available please</b> <input type="checkbox"/> Substitute Session # _____ <input type="checkbox"/> Wait List <input type="checkbox"/> Cancel

PLEASE COMPLETE SIDE 2

**summer camp 2012**  
Beverly Recreation Department

Session Dates:  
1) June 25-July 6  
2) July 9-20

3) July 23-Aug 3  
4) Aug 6-17

**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: \_\_\_\_\_

I give permission to the staff and personnel of the Beverly Hospital to administer anesthesia and perform such operations and diagnostic or therapeutic procedures as may be necessary.

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 \_\_\_\_\_