Old Orchard Beach Recreation Summer Camp Registration Form 2026

Child's Name: _____ Address: _____

Gender: _____ Grade entering in fall: _____ Birthdate: _____ Shirt Size: _____

Parents/Legal Guardians:

#1: _____

Name Cell Phone Home Phone Work Phone Relationship

#2: _____

Name Cell Phone Home Phone Work Phone Relationship

#3: _____

Emergency Contact Cell Phone Home Phone Work Phone Relationship

Primary Contact Email Address (for announcements & information): _____

Hospital Choice: _____ Child's Dr's. Name: _____ Phone: _____

If you answer YES to any of the questions in this box, it is necessary for you to complete a **CHILD CONCERN FORM** and return it to us before your child attends summer camp. This form is available at the Recreation Office and online at www.oobrec.com.

1: Does this child have any physical, emotional, and/or health limitations or allergies that we should be aware of? **YES NO**

2: Is this child currently taking any medications? **YES NO**

2a: Will this child continue taking medications throughout the summer? **YES NO**

This information can only **HELP US** to better accommodate *your child*. **Please fill this information out accurately and thoroughly.**

3: Does this child have a ONE-ON-ONE aide during the school year? **YES NO** If yes, please tell us why.

Please note: Camp will be closed on July 3rd, in observance of Independence Day.

Choose Camp	All 8 Weeks	June 22-June 26	June 29-July 2	July 6-July 10	July 13-July 17	July 20-July 24	July 27-July 31	Aug 3-Aug 7	Aug 10-Aug 14	Ext. Camp 8/17-8/21
Little Gulls (Grades K-1)										
Jr. Gulls (Grades 2-3)										
Big Gulls (Grades 4-5)										
Gull Challenge (Grades 6-8)					Camping				Camping	
Aftercare Grades K-8 (3:30pm-5:30pm)										

Please check off the corresponding weeks that you would like to register your child for camp—extended camp & aftercare are additional options, be sure to check them off accordingly as space is limited

Child Pick-Up Authorization List

If there are people other than the above listed parents/guardians who have permission to pick up your child, please list them here:

#1: _____

Name Phone #

#2: _____

Name Phone #

#3: _____

Name Phone #

#4: _____

Name Phone #

Walkers

The above-named child has my permission to leave on their own at the scheduled release time. _____ (please initial)

Gull Challenge Only

The above-named child has my permission to watch PG13 movies deemed appropriate by the Camp Director.

_____ (please initial)

As part of our summer camp experience, we take photos of campers participating in activities. These images may be used in promotional materials, including our website, social media pages, and other marketing content. If you do not want your child to be photographed or recorded, please sign below. **By not signing, you acknowledge and consent to your child being photographed and/or recorded during camp activities for promotional use.**

_____

Signature of Parent/Legal Guardian (ONLY if opting out) **Date**

I have read the Parent Handbook thoroughly and understand all program policies. The undersigned hereby expressly releases and hold harmless the Old Orchard Beach Recreation Department, its agents, and employees, from and against any and all claims, suits, actions and damages resulting from mine or my child's participation in Old Orchard Beach Recreation programs or events. Furthermore, I understand that there are inherent risks and dangers in participating in these programs and I accept the responsibility to provide insurance for my child or myself, including ambulance transportation, if necessary. I give the Old Orchard Beach Recreation Department Staff authorization to make immediate medical care decisions for my child. I have completed this form, answering all questions honestly and to the best of my ability.

_____

Signature of Parent/Legal Guardian **Date**