

# Old Orchard Beach Recreation Summer Camp Registration Form 2024

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](http://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 June 19<sup>th</sup> and July 4<sup>th</sup> for the holidays**

Choose Camp	All 8 Weeks	June 17- June 21	June 24- June 28	July 1- July 5	July 8- July 12	July 15- July 19	July 22- July 26	July 29- Aug 2	Aug 5- Aug 9	Ext. Camp 8/12-8/16
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.

**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)

I have reviewed the information in the Parent Handbook. In addition, I understand that the photos taken at camp might be used in future promotional materials such as recreation department brochures or flyers. 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.

Signature of Parent/Legal Guardian

Date