

2010 Kidz Kamp Registration Form

Camper: _____ Age: ____ DOB: _____ Grade: _____ Male / Female
 (Last) (First) Going Into (circle)

Address: _____ Home phone: () _____ T-shirt Size (Circle One) YS YM YL AS AM AL

Allergies: Yes _____ No _____ If yes, please specify _____

Medications: _____

Parent/Guardian Info:

Name: _____ Work Phone:(____) _____ Cell: (____) _____ E-Mail: _____

Name: _____ Work Phone:(____) _____ Cell: (____) _____ E-Mail: _____

If unable to reach above numbers, **Emergency contact** : Name _____ Phone: _____

Check the week(s) & categories your child will be attending:		FULL DAY KIDZ KAMP	SPECIALTY KAMP	AFTERNOON KIDZ KAMP		BUS Trip	BEFORE CARE	AFTER CARE
		9 - 4	9 - 12	12 - 4			7:30 - 9	4 - 6
Week 1: June 28 - July 2	Specialty Kamp: Baseball	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$40	Nomad's	<input type="checkbox"/> \$30	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 2: July 6 - July 9	Specialty Kamp: Fun with Tom	<input type="checkbox"/> \$65	<input type="checkbox"/> \$55	<input type="checkbox"/> \$35	Science Ctr	<input type="checkbox"/> \$26	<input type="checkbox"/> \$13	<input type="checkbox"/> \$18
Week 3: July 12 - July 16	Specialty Kamp: Cheerleading	<input type="checkbox"/> \$75	<input type="checkbox"/> \$99	<input type="checkbox"/> \$40	Ocean Beach	<input type="checkbox"/> \$24	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 4: July 19 - July 23	Specialty Kamp: Trail Blazing	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$40	Action Wildlife	<input type="checkbox"/> \$32	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 5: July 26 - July 30	Specialty Kamp: Soccer	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$40	Bowling/Buffer	<input type="checkbox"/> \$30	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 6: Aug. 2 - Aug. 6	Specialty Kamp: Golf	<input type="checkbox"/> \$75	<input type="checkbox"/> \$99	<input type="checkbox"/> \$40	Quassy	<input type="checkbox"/> \$32	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 7: Aug. 9 - Aug. 13	Specialty Kamp: Cooking	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70	<input type="checkbox"/> \$40	Children Museum	<input type="checkbox"/> \$22	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20

I give permission for my child to participate in the Recreation Department Kidz Kamp program under the direction of the Town of North Branford. I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of North Branford, its directors, agents, employees, volunteers and any person transporting my child to or from any activities, for any claim arising out of any injury(s) to my child. I give permission to have photographs of my child or children taken during this program for publicity purposes by the North Branford Recreation Department.

Parent/Guardian Signature _____
 Date _____

Please list anyone, including yourself, that will have permission to pick up your child(ren) from camp

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Full Day Kidz Kamp Totals \$ _____

Specialty Kamp Totals \$ _____

Afternoon Kidz Kamp Totals \$ _____

Bus Trip Totals \$ _____

Before/After Care Totals \$ _____

Sibling Discount Amt if Applicable \$ _____

TOTAL FEE \$ _____