

2010 Teen Adventure

One registration form per child. This form may be duplicated if needed.

Camper: _____ Age: _____ DOB: _____ Grade going into: _____ Male/Female
 (Last) (First) (circle)

Address: _____ Home phone: () _____

Parent/Guardian Info:

Name(s): _____

Work Phone: () _____

Cell: () _____ E-Mail: _____

If unable to reach above numbers,

Emergency Contact: _____ Phone: () _____

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

Medications: _____

T-SHIRT SIZE (Circle one) YS YM YL AS AM AL AXL			
Check the week(s) you will be attending:	Teen CAMP 9 - 4	BEFORE CARE 7:30 - 9	AFTER CARE 4 - 6:00
Week 1: June 28 - July 2	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 2: July 6 - July 9	<input type="checkbox"/> \$65	<input type="checkbox"/> \$13	<input type="checkbox"/> \$18
Week 3: July 12 - July 16	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 4: July 19 - July 23	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 5: July 26 - July 30	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 6: Aug. 2 - Aug. 6	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20
Week 7: Aug. 9 - Aug. 13	<input type="checkbox"/> \$75	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20

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

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

Teen Adventure Trip Registration (check desired trips)		
Week 1		
June 29	Winding Trails	\$35 <input type="checkbox"/>
July 1	Movies	\$18 <input type="checkbox"/>
Week 2		
July 8	Ice Skating & Cyber Sport	\$22 <input type="checkbox"/>
Week 3		
July 13	Lake Compounce	\$40 <input type="checkbox"/>
July 15	Rocky Neck Park	\$15 <input type="checkbox"/>
Week 4		
July 20	CT Rock Gym	\$40 <input type="checkbox"/>
July 22	Farmington River	\$32 <input type="checkbox"/>
Week 5		
July 27	Bowling & Buffet	\$38 <input type="checkbox"/>
July 29	Quassy	\$34 <input type="checkbox"/>
Week 6		
Aug. 3	Meriden Mall	\$12 <input type="checkbox"/>
Aug. 5	Brownstone Park	\$45 <input type="checkbox"/>
Week 7		
Aug. 10	Movies	\$18 <input type="checkbox"/>
Aug. 12	Club Getaway	\$62 <input type="checkbox"/>

Inquire about what you will get
Last summer hurrah -

Camp Week Totals \$ _____
 Discount amount if applicable \$ _____
 Before/After Care Totals \$ _____
 Teen Camp Bus Trip Totals \$ _____
TOTAL FEE \$ _____

I give permission for my child to participate in the Recreation Department Teen Adventure 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 _____