Town of Clinton Recreation Department 2015 Summer Camp Registration

Week 1	July 6 – July 10	
Week 2	July 13 – July 17	
Week 3	Aug 3 – Aug 7	
Week 4	Aug 10 – Aug 14	
Child's Name		Child's Age
Child's Grade for 20	015/2016 school year	
Parent/Guardian Na	ame	
Address		
City		
Phone	Alternate Phone	E-Mail
Person to Contact i	n Case of Closing due to weath	ner
Phone	Alternate P	hone
Does your child hav	e any allergies?	
photograph(s) and releases. I release t	likeness(es) in its publication hem from any expectation of	inton to use my/my minor children's is, including its website and any press confidentiality for my registered minor ent or legal guardian of the registered
Signature		
•	Please enclose payment wit	n residents. To others there is a cost of h your registration. Places cannot be
Date Rec'vd		Payment Rec'yd