

**Town of Clinton Recreation Department
2016 Summer Camp Registration**

Week 1 **July 11 – July 15** _____

Week 2 **July 18 – July 22** _____

Week 3 **Aug 1 – Aug 5** _____

Week 4 **Aug 8– Aug 12** _____

Child's Name _____ Child's Age _____

Child's Grade for 2016/2017 school year _____

**ONLY CHILDREN ENTERING K-5 FOR THE 2016/2017 SCHOOL YEAR CAN
ATTEND CAMP - NO EXCEPTIONS**

Parent/Guardian Name _____

Address _____

-

City _____

Phone _____ Alternate Phone _____ E-Mail _____

Person to Contact in Case of Closing due to weather _____

Phone _____ Alternate Phone _____

Does your child have any allergies? _____

I hereby give my consent for the Town of Clinton to use my/my minor children's photograph(s) and likeness(es) in its publications, including its website and any press releases. I release them from any expectation of confidentiality for my registered minor children and myself and attest that I am the parent or legal guardian of the registered child listed above.

This camp is \$60.00 per week for Town of Clinton residents. To others there is a cost of \$175.00 per week. Please enclose payment with your registration. Places cannot be held without payment. Proof of residency is required to register. Thank you!

Date Rec'vd _____

Payment Rec'vd _____