

**WASHINGTON GROVE**  
**2018 SUMMER IN THE PARKS ENROLLMENT**  
 Resident

**SCHEDULE:**

**Dates:** Weekdays July 3 to July 26.

**Time:** 9:00 am – 12:30 pm

**Age:** Children entering grades K-8

In addition, campers and families will meet at 6:00 pm on Friday, July 27th, for a pot-luck dinner, entertainment, and camp-out. Each child must have a parent with them during the evening events and the camp-out.

<b>Child's Details:</b>	
Child's name:	
Date of Birth (mm/dd/yyyy):	
Name of Parent/Guardian:	
Address:	
(REQUIRED) Email:	
(REQUIRED) Home Phone:	
Work Phone:	
Cell Phone:	
Please note any dates that your child will be absent from the camp:	

**Persons to notify in an emergency:**

Name/Address/Phone #1/Phone #2:

1.

2.

Name of Child's Doctor, Address and Phone: \_\_\_\_\_

**Special Instructions (e.g. allergies, food issues, health issues etc.):**

**ESCORT INFORMATION:**

Will your child be escorted to and from the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, by whom? \_\_\_\_\_

If yes, must your child always be escorted? \_\_\_\_\_

**CAMP OUT: JULY 27th:**

Will your family be attending the campout? YES NO

If yes, Name and phone number of adult who will be supervising your child at the campout \_\_\_\_\_.

**REGISTRATION FEES:**

Resident Registration Fee	\$ <u>200.00</u>
Additional Donation*	\$ _____
Total:	\$ _____

Please make checks payable to the "Town of Washington Grove."

\*Additional donations are being sought by participating families to add to our supply and operating budget.

If you feel you are able and willing to contribute more to make this program a more enriching experience please do so by adding your contribution amount to your registration check. Donations made payable to the Town of Washington Grove as a charitable contribution are tax deductible in most instances.

**VOLUNTEER REQUIREMENTS:**

In order to continue to provide low Summer In The Parks enrollment fees we will be asking each family to volunteer for one or more days during camp. Once your children are registered, Emily Cavey will contact you to schedule the date you will be available to volunteer.

**T-SHIRT ORDER INFORMATION:**

Please indicate a size below for your child's t-shirt.

Child 6-8 Child 10-12 Child 14-16 Child 18-20 Men's M Men's L Men's XL Men's XXL

**Please submit forms to: Jenn Hix: 411 Washington Grove Lane PO Box 565 Washington Grove, MD 20880 Due Date April 30th, 2018**

**WAIVER AND RELEASE - CAMP**

In consideration of the acceptance of my child in the camp sponsored by the Town of Washington Grove ("Town"), referenced below, I understand and agree that:

1. I recognize the risks of illness and injury inherent in any exercise/physical activity/camp program. My child is participating in the Town program upon the express agreement and understanding that I, individually, and on behalf of my child, and of our heirs, executors, personal representatives, successors and assigns, hereby waive, release, discharge, defend, hold harmless and indemnify the Town, its officials, agents, servants and employees, from any and all claims, costs, liabilities, expenses or judgments, known or unknown, including attorneys' fees and court costs, from whatever cause, arising out of my child's participation in the aforesaid course/activity/program or any illness, injury or death resulting therefrom.
2. I hereby execute and deliver this waiver and release voluntarily and with full understanding of the contents and consequences thereof and to induce Town to permit my child to participate in this course/activity/program.
3. I hereby authorize the Town, its agents, servants, employees and officials, to administer and/or obtain emergency medical care and treatment for my child when necessary. In this event, a Town representative will notify me as soon as possible.
4. I acknowledge and agree that my child must follow the rules for the program and failure to do so may result in dismissal of my child from the program.
5. I consent to the appropriate use by the Town of photographs, taping or video of the program that include images of my child.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program

\_\_\_\_\_  
Name of child

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone