

Summer Camp Fees 2024: Monday-Friday, 8:00AM-4:30PM (Early drop off at 7:30AM available for \$5 per day)

Belmont Resident: \$155 per week - Non-Resident: \$175 per week - Sibling Discount: \$20 per week for the 2nd & 3rd child attending same week(s)

Check the week(s) that your child wants to attend camp:

<input type="checkbox"/> Week #1 - July 1-5 (NO CAMP 7/4)	<input type="checkbox"/> Week #2 - July 8-12	<input type="checkbox"/> Week #3 - July 15-19	Week 1-3 Payment due May 1, 2024
<input type="checkbox"/> Week #4 - July 22-26	<input type="checkbox"/> Week #5 - July 29 - August 2	<input type="checkbox"/> Week #6 - August 5-9	Week 4-6 Payment due June 1, 2024

Payments & Refunds

Late payments will result in the camper losing their space for any unpaid week(s). There is a \$25 per payment late fee. Registration fees are non-refundable except in the case of a family emergency or a medical reason with supporting documentation. There will be a \$35 fee for any check that is returned due to insufficient funds.

Payments can be made online by check or credit card. Money orders and checks will be accepted at Town Hall in a sealed envelope prior to the start of camp. Please address to Belmont Parks & Recreation. NO CASH WILL BE ACCEPTED

Last Name		First Name		Date of Birth	Male/Female	Grade 2023/2024
Parent/Guardian Name		Home Telephone		Cell Phone	Work Telephone	E-mail Address:
Mailing Address:					City, State & Zip:	
Parent/Guardian Name		Home Telephone		Cell Phone	Work Telephone	E-mail Address:
Mailing Address (if different than above):					City, State & Zip:	
Emergency Contact Person - Must be someone other than parents/guardians listed above				Home Telephone		Cell Phone

Participant Release Authorization

Belmont Parks & Recreation Summer camp is authorized to release my child to only the individuals listed below. I understand each authorized person must be at least 16 years of age and that my child will not be permitted to leave the camp with anyone else not listed below, unless we are otherwise notified prior to release. All authorized individuals will be required to show identification, which MUST match the information given below, and sign out the child on each occurrence. The above named child may be released to the following individuals (Please limit to 3)

Name of Authorized Person	Relationship to Camper
1)	
2)	
3)	

Belmont Parks & Recreation - Camper Medical Information

Contact Information for Medical Personnel

Campers Doctors Name	Campers Doctors Phone #
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Any child who requires a full time aide at school should also be accompanied by a full time adult aide while attending the Belmont Parks & Recreation Summer Camp. The adult who accompanies the child will be required to pay entrance fees for certain trips or activities and may also need to provide transportation to the child he/she accompanies for certain trips or activities if space on the bus is limited.

Allergies, disabilities or other illness that would affect normal participation: YES [] NO [] if yes please explain:

Is your child currently on any medication: YES [] NO [] if yes please explain (note camp staff is not authorized to administer medications):

Release of Liability & Emergency Medical Information

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and whether I or the minor participant named below have the ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself or the minor participant named below, waive and release all rights and claims against the Town of Belmont, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity.

I give my permission for myself to be treated by qualified medical personnel if I am injured, or for the minor child participant named below to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided; I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

Parent/Guardian Signature	Printed Name	Date
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Belmont Parks & Recreation - Camper Permission Slips - 2023

The swim ability on this form must be filled in along with your signature. The other permission slips are optional so ONLY sign for the ones that you are granting permission. DO NOT sign the sunscreen or bug spray permission slip if your child is allergic to the common brands including bug spray containing DEET!

Campers Last Name: _____ Campers First Name _____

SWIM ABILITY

We are often at the beach and other water attractions. Please indicate your campers swim ability. Please underestimate if a category does not exactly match his/her ability.
Level #1 – cannot swim at all without a flotation device - will be permitted to swim up to child's waist
Level #2 – can swim a little mostly underwater and not for long distance - will be permitted to swim up to child's arm pits
Level #3 – can swim well and for a distance above and below water - will be permitted to swim in all designated swimming areas

My child is a Level # _____ swimmer (MUST BE FILLED IN)

While at a water/amusement park I would like my child to wear a lifejacket while in the wavepool: No

Parent/Guardian Signature _____ Printed Name _____ Date _____

SUNSCREEN PERMISSION SLIP

Belmont Parks & Recreation Summer Day Camp has permission to apply sunscreen to my child in the event he/she forgets to bring their own from home. We reserve the right to charge \$10 for any child who continually forgets to provide their own sunscreen.

Parent/Guardian Signature _____ Printed Name _____ Date _____

BUG SPRAY PERMISSION SLIP

Belmont Parks & Recreation has permission to apply bug spray that contains DEET to my child as needed for outdoor activities.

Parent/Guardian Signature _____ Printed Name _____ Date _____

WALKING/BIKING TO OR FROM CAMP PERMISSION SLIP

I, the parent/guardian grant permission for our daughter/son to walk or bike to/from the camp as noted below. Camper should arrive and depart at the same time daily unless staff has been notified of a change. Belmont Parks & Recreation is not responsible for any bikes that are left outside of the school during our program. We recommend bike locks be used for security.

Permission to walk or bike to the camp: YES [] NO []

Permission to walk or bike home from camp: YES [] NO [] If yes what is the departure time: _____

The following are days that my child WILL NOT walk or bike to/from camp: M T W TH F

Parent/Guardian Signature _____ Printed Name _____ Date _____

PHOTO RELEASE

I the parents/guardian grant permission for Belmont Summer Camp employees to photograph my child's image, likeness, or depiction while attending summer camp. As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture or the picture of my child(ren) and use it for advertising and promotional purposes.

Parent/Guardian Signature _____ Printed Name _____ Date _____

CAMP SHIRTS

T-Shirt Size - CIRCLE ONE: YS YM YL AS AM AL AXL 2XL

One camp t-shirt is provided to every camper to wear on our weekly amusement trips. Extra t-shirts are available for \$10.00 each. Include the cost of the extra t- # of extra shirts needed: _____

Other information about your child that will be helpful to the Camp Staff

Field trips are one of our favorite parts of summer camp. Please provide some additional information so we can plan which groups your child will fit in to make it the best experience for each camper. While we will do our best at pairing your camper with at least 1 friend, this cannot be guaranteed for every trip as interests change from camper to camper.

Campers Height: _____ inches (This height will be used for amusement/waterpark admission purposes)

Does your camper enjoy (please circle all that apply)

Large Rollercoasters Small Rollercoasters ONLY Large Waterslides Small Waterslides ONLY Water/Raft Rides

CANCELLATION POLICY

I understand the cancellation/refund policy is strictly enforced. If the program is cancelled by the Department, I will be notified and a full refund given. I also understand that if I miss any of the activities/classes, I will not be able to get a refund.

Parent/Guardian Signature _____ Printed Name _____ Date _____

ACKNOWLEDGMENT OF HOURS OF OPERATION

I understand the hours of operation of the Belmont Parks & Recreation Summer Camp program are 8:00AM - 4:30PM. Early Drop off is available for drop offs between 7:30AM-8:00AM for a charge of \$25/week. It is expected that campers are picked up on time each day. We reserve the right to charge a late fee of \$25.00 per child/per day for pickups later than 4:30 PM. In the case of an emergency, please call the Camp Director.

Parent/Guardian Signature _____ Printed Name _____ Date _____

FOR OFFICIAL USE ONLY

Belmont Resident: Yes [] No [] Proof of residency presented: Yes [] No []
Permission Granted: (per waiver) Swim Ability # 1 2 3 Sunscreen: Y N Bug Spray: Y N Bike or Walk: Y N AM [] PM []