

2019 Summer Camp

\$20 one-time fee – please select weeks you plan to attend below

M-F, 9am-12pm, Grades 2-4

M-F, 12pm-3pm, Grades 5-7

- 7/8 – Soccer
- 7/15 – Basketball
- 7/22 – Baseball/Softball
- 7/29 – Field Hockey/Dek Hockey
- 8/5 – Track and Field
- 8/12 – Open Play Week



REGISTRATION FORM:

Child's Name _____ Child's Age _____

Parent's Name _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

E-mail address _____

Other Designated Pickups _____

Emergency Contact _____ Phone _____

RELEASE AND WAIVER OF CLAIM: (Please print) I, Parent/legal guardian of child _____

I hereby acknowledge and agree that in consideration of his/her being permitted to participate in the Aquatics Program offered by the City of Gardner,

- I. I understand and acknowledge the risks inherent with the activities carried on under the program, and hereby accept and assume all such risks which I or the participating youth for whom I act as guardian may be exposed;
- II. I am sufficiently unformed to represent to the City that the participant does not suffer any condition that may affect my or his/her ability to safely participate in the program. I also acknowledge that the City reserves the right to required medical certificate in respect to my or his/her ability to participate;
- III. I have carefully read and understand clearly that by signing this Release and Waiver of Claim, I will be forever prevented from suing or claiming against the City of Gardner or any employee, agent, Parks Board member or officer thereof for any property loss or personal injury that I or the youth may suffer while participating in the program;
- IV. I also acknowledge that the City of Gardner would not permit me or him/her to participate unless I signed this Release and Waiver of Claim and agreed to comply with the rules and regulations as set out by the City of Gardner.

Date: _____ 2019 Signature: _____

Witness: _____

MEDICAL INFORMATION: Are there any medical problems the Staff should be aware of?

Allergies _____ Asthma _____ Diabetes _____ Epilepsy _____ Insect Stings _____ Other _____

Medications, Please List:

PLEASE SEE THE CITY WEBSITE FOR COMPLETE DETAILS: WWW.GARDNER-MA.GOV

OFFICIALUSE ONLY: Payment due: _____ Date paid _____ Method of payment: Cash _____ Check# _____