

Newton Parks and Recreation Department

Acres in the Falls Program

A Theme & Trip Camp for Youth in Grades 5, 6, 7 & 8

Registration - 2010

Name _____ Fall '10 Grade _____ DOB _____
 Address _____ City _____ Zip _____
 Parent(s) _____ Phone (H) _____ (W) _____
 Emergency Contact _____ Phone _____
 T SHIRT SIZE: Youth Large ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult XL ___
 Is your child taking any medication that needs to be administered at camp? YES ___ NO ___

DATES (check weeks you wish to attend)

Week One: July 12 - July 16 _____
 Week Two: July 19 - July 23 _____
 Week Three: July 26 - July 30 _____
 Week Four: August 2 - August 6 _____
 *Overnight Week August 9 - August 13 _____

Hours (circle one)

Standard Day 9:00 – 4:00
 Extended Day 8:30 – 5:00

***Overnight campers must register for at least 1 other week of camp**

TUITION – Fees listed are per child per week

	<u>Residents</u>	<u>Non Residents</u>
Standard Day 9:00 – 4:00	\$195.00	\$210.00
Extended Day 8:30 – 5:00	\$235.00	\$250.00
Overnight WK 8:30 Mon – 4:45 Fri	\$525.00	\$575.00

A \$25.00 late fee will be assessed for all registrations and payments received after 5/15/10

TOTALS

Cost per Week x _____ Weeks \$ _____
 Plus Late Fee if applicable

Deposit due with Registration (\$50.00 minimum) \$ _____
A \$50.00 non refundable deposit is due with the registration and will be deducted from the total due.

Balance Due by 5/15/10: \$ _____
 Please fill out both sides of this form and return it with payment (checks made payable to City of Newton) to:
 Newton Parks and Recreation * Attn: Channon Ames * 70 Crescent St * Newton, MA 02466

Acres in the Falls Credit Card Payment Form

Payment may be made by Credit Card (Master Card or Visa). Please fill out the information below to pay by credit card.

Last Name _____	First Name _____	Home Phone _____	Work Phone _____
Street _____	City _____	State _____	\$ _____
Credit Card Number _____	Expiration Date _____	Zip Code _____	Amount _____
		Visa _____	Master Card _____

Acres in the Falls Summer Program Medical Release Form - 2010

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize the Acres in the Falls Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Acres in the Falls Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent/Guardian

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Acres in the Falls Program

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Acres in the Falls Summer Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Acres in the Falls Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Acres in the Falls Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Acres in the Falls Program

Signature of Parent(s) or Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Acres in the Falls Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Acres in the Falls Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Acres in the Falls Program.

Signature of Parent(s)/Guardian(s)

Date