

PITTSFORD RECREATION DEPARTMENT
426 Plains Road, PO Box 10
Pittsford, VT 05763

**PITTSFORD SUMMER CAMP 2010
REGISTRATION FORM**

Children between the ages of 6-12 (entering grades 1st-7th)
(One form for each child)

Child's Name: _____ Age: _____ Entering Grade: _____ Date: _____

Parent's Name: _____

Mailing Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Day Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone #: _____ E-mail: _____

Allergies or conditions we should know about? _____

Does your child receive special services at school? If yes, please explain: _____

Please indicate which sessions your child will attend:

<input type="checkbox"/>	June 28-July 2	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	\$ _____
<input type="checkbox"/>	July 5-9	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	_____
<input type="checkbox"/>	July 12-16	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	_____
<input type="checkbox"/>	July 19-23	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	_____
<input type="checkbox"/>	July 26-30	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	_____
<input type="checkbox"/>	Aug. 2-6	\$70/1 st Child, \$65/2 nd Child, \$55/3 rd Child	_____
		Sub total	Line 1= _____

Discounts

Deduct \$5 per child if you register on or before Friday, May 28, 2010. \$ _____

Deduct \$20 per child if you register for 4 sessions or more. _____

Total Discounts **Line 2=** _____

Total Camp Fees **Line 1 minus Line 2=** _____

Camp hours are 8:30 am-3:30 pm. Child care will be available in the morning before Camp at 7:30 am and in the afternoon after Camp until 5:00 pm. There is an additional \$3.00 per child, per day fee for early drop off and a \$3.00 per child, per day for after Camp care.

My child will require supervision prior to 8:30 am @ \$3.00 per day \$ _____

My child will require supervision after 3:30 pm @ \$3.00 per day _____

Total Child= _____

Total Camp Fees \$ _____

Plus Total Child Care \$ _____

This is the due amount upon registration. \$ _____

Please make checks payable to the **Town of Pittsford**.

Release: I understand there are risks of physical injury in participating in sports and recreational activities. I hereby release the TOWN OF PITTSFORD, its employees, and agents from any liability or personal injury, or loss or damage to personal property which I or my child may experience in connection with activities sponsored by the Pittsford Rec. Dept. I hereby consent to any medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Dept. does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider ones own health, experience, and tolerance for risk before participating in any Recreation program. I hereby consent to the use of my child's photo or video by the Department for flyers or presentations.

Signature of Parent or Legal Guardian: _____ Date: _____

RETURN COMPLETED FORMS TO THE PITTSFORD RECREATION DEPARTMENT.