



WISCASSET PARKS & RECREATION DEPARTMENT

2024 MAINELY SUMMER CAMP

REGISTRATION FORM

CAMP HOURS

7:30am – 5:30pm

Child's Name: _____ Date of Birth: _____ Entering Grade: _____

Mailing Address: _____ Town: _____ Zip: _____

Primary Guardian: _____ Secondary Guardian: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Please list names & phone numbers of at least two other individuals we may contact in case of emergency.

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Please discuss any special medical and or behavioral conditions or concerns we should know about, as well as appropriate care and treatment necessary. ****If your child is in need of a one-on-one aid, please contact Duane or Kristy to make appropriate arrangements****. **Failure to inform us of any of these circumstances could result in the removal of your child from said program.**

I give permission for my child to be photographed by WCC staff and local newspaper staff, which may be used for publication in newspapers, the Wiscasset Recreation Department web site or program advertisements.

please circle one

YES

NO

I, the Parent/Guardian of the above child, do hereby permit his/her participation in the Summer Camp Parks &Rec Program sponsored by the Wiscasset Recreation Dept. I am aware that neither the Town of Wiscasset nor the Wiscasset Recreation Dept. provides health or medical insurance to activity participants. I release the Town of Wiscasset and the individuals conducting the above described activity, from liability of any injury, my child might sustain because of this activity.

Parent/Guardian Signature: _____ Date: _____

Release my child to: _____ **OR** _____
(other than primary or secondary guardian)