



Mon. – Fri., August 11th-15th
8:00 a.m. – 5:00 p.m. for 3rd-8th grade kids



Camp Registration & Permission Form

Camper's Name: _____ **Grade Completed:** _____

Date of Birth: _____ **Parent/Guardian Name:** _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact (other than parent/guardian): _____

Relationship to Camper: _____ **Phone Number:** _____

Medical Information:

Allergies (food, medication, insect, etc.): _____

Medical Conditions: _____

Parent Permissions – Please check all that apply:

- ☐ I give permission for my child to participate in all camp activities (including outdoor games, water games, and the camp field trip to Seacoast Science Center / Odiorne State Park).
- ☐ I give permission for first aid to be administered to my child in the event of an emergency.
- ☐ I authorize camp staff to seek emergency medical treatment for my child if necessary.
- ☐ I give permission for photos/videos of my child to be taken and used for promotional purposes (social media, flyers for next year, etc.).

Parent/Guardian Signature

By signing below, I agree to hold harmless the camp organizers and volunteers from liability in the event of accident or injury. I understand that all reasonable precautions will be taken for safety.

Signature: _____

Date: _____