

Vacation Camp Registration Form

Grades K-6

1. NO REFUNDS (except documented medical reasons) or CREDITS will be issued once camp has begun. A fee of \$10.00 will be charged per registration for any of the following reasons:
medical refunds or cancellation prior to the start of camp.
2. **Forms of payment: check (payable to Treasurer, Town of Orange) Visa, MC or exact cash.**

**April Vacation Camp
ACTIVITY # 614000-Section A
\$200.00 Residents/\$210.00 Non-Residents
Monday, April 11th-Thursday, April 14th
(No camp Friday, April 15th Good Friday)
9:00am-4:00pm
(No Early or Late Stay Being Offered)
REGISTRATION BEGINS ON FEBRUARY 7th**

Name _____ Male / Female

Date of Birth _____ Grade _____

Address _____

Town/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Phone _____ Relationship _____

Campers will be in groups of no more than 14 children and 2 counselors. Siblings will be kept in the same group, regardless of age. Campers and Counselors are required to wear their masks all day, except when eating lunch, pool activity or outside play. Lunches and snacks will be kept in their backpacks, so pack accordingly. Field trips may be offered depending on guidelines. All presenters will come to campers designated room for the activity. If a room must be used by multiple groups during the day, the schedule will be adjusted for disinfection between each group. Campers will be swimming this year. Drop off and pick up will be at the front doors. Parents will not be permitted in the building. When dropping off we will help your child out of the car and direct them to their assigned group. When picking up, your child will be called from their group to your car when you are at the front of the line. After your children are safely secured in the car, you will exit. Drop off will start at 9:00am and pick up at 3:45pm.

Emergency Medical/Surgical Treatment Permission Waiver

In the event of an emergency, accident or other mishap, I authorize that my child,

_____ be taken to _____
(child's name) (hospital of first choice)

for emergency medical/or surgical treatment which a physician or dentist may determine is necessary for my child's health and well being. I authorize the Park and Recreation Department to seek emergency medical treatment for my child, including, but not limited to, surgical and possible life saving measures as may be necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Signature _____ Date _____
Parent/Legal Guardian