

2010 Summer Fee Schedule

**Holderness Recreation
SummerEscape 2010 REGISTRATION FORM**



Please Check	Program	Dates	Resident	Non-Resident	Comments	
<input type="checkbox"/>	Week 1	** SummerEscape only **	6/21-6/25	\$115	\$125	*Register by 6/7*
<input type="checkbox"/>		Goals Galore 9-11:30 & SummerEscape 5.5 hrs		\$171	\$181	
<input type="checkbox"/>		Goals Galore 9-2:30 & SummerEscape 3 hrs		\$175.5	\$185.5	
<input type="checkbox"/>	Week 2	SummerEscape 2-week session	6/28-7/9	\$200 / \$115	\$220 / \$125	two wks / one wk
<input type="checkbox"/>	Week 3	SummerEscape	6/28-7/2	\$115	\$125	
<input type="checkbox"/>	Week 4	SummerEscape 2-week session	7/12-7/23	\$200 / \$115	\$220 / \$125	two wks / one wk
<input type="checkbox"/>	Week 5	SummerEscape	7/19-7/23	\$115	\$125	
<input type="checkbox"/>	Week 6	SummerEscape 2-week session	7/26-8/6	\$200 / \$115	\$220 / \$125	two wks / one wk
<input type="checkbox"/>	Week 7	SummerEscape	8/2-8/6	\$115	\$125	
<input type="checkbox"/>	Week 8	*Sciensational Workshop only 9am - 12pm	8/9-8/13	\$135	\$140	*Register by 7/26*
<input type="checkbox"/>		*Sciensational & SummerEscape	8/9-8/13	\$209	\$219	
<input type="checkbox"/>		*SummerEscape only	8/9-8/13	\$115	\$125	
<input type="checkbox"/>	Week 9	*SummerEscape	8/16-8/20	\$115	\$125	

Sub total _____

If you would like to help sponsor a child for camp, you may make a monetary contribution here for our scholarship fund or pay for a particular child (list child below).

Scholarship _____

Contribution _____

Total _____

I would like to sponsor _____ for 2010 Summer Escape.

Parent contact: _____

Phone: _____

Remain Anonymous

May be revealed

**** There are many options this summer at Holderness Recreation, please call if you have any questions****

Camper's Name _____ Home Phone _____

Shirt Size Adult S M Lg Youth S M Lg

Mailing Address _____

RELEASE OF ALL CLAIMS & PHOTO RELEASE

Physical Address _____

In consideration of the permission granted for the above named participant to take part in the above named Holderness Recreation program, I hereby release for myself and my heirs, the Town of Holderness, its agents, employees, volunteers, and other program participants, from all actions, damages, and claims that may result in personal injuries and property damages.

Date of Birth _____ Age ____ Grade(in Fall) _____ Sex M F

I recognize there may be inherent dangers in participating in Holderness Recreation Programs which may present a strain on the body and its parts, and furthermore, I represent that to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risks associated with participation in said program.

EMERGENCY INFORMATION

Parent's Name _____ Email: _____

I understand that, in case of injury or illness, Holderness Recreation will attempt to contact the person identified above as the "emergency contact". In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

Address if different from child _____

Work Phone _____ Home Phone _____ Cell Phone _____

I also understand that Holderness Recreation may take pictures/video of my child while enrolled in this program and that these pictures may be used by Holderness Recreation for advertisement and SummerEscape promotions, some of which may be online. I give my permission for my child's picture to be taken and photos to be used by Holderness Recreation. I also understand that Holderness Recreation reserves the right to dismiss campers with extreme discipline problems from the program.

Physician _____ Phone _____

Emergency Contact _____ Phone _____

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Medical Insurance _____ Policy# _____

Medication _____

Signature Parent / Guardian Date

Photo / video allowed:
Yes ___ No ___

Allergies _____

_____ (please print name)

Any other information that will help our staff meet your child's needs:

The following people have permission to pick up my child:

A non-refundable deposit of \$75 per session or \$50 per week is required to hold your child's space. Please make checks payable to Holderness Recreation. First come, first serve.

