



Participant's Name: _____ (One child per form)

Northampton Parks & Recreation Department – Summer Camp Enrollment Form

Please check one:

_____ Resident _____ Non-Resident

NO CAMP ON JULY 3rd

Extended Day: 45 minutes of extended supervision prior to and/or after regular program hours is available for Camp Kidzone and Camp Hamp for an additional fee.

SAFETY VILLAGE (Non-residents add \$10 per session)

- A 6/29 - 7/10 _____ \$155 (no camp 7/3)
- B 7/13 - 7/24 _____ \$170
- C 7/27 - 8/07 _____ \$170

****Child must be toilet trained****

CAMP KIDZONE (Non-residents add \$10 per session)

- 1 6/22 – 6/26 _____ \$180 Extended Day _____ \$25
- 2 6/29 – 7/02 _____ \$160 Extended Day _____ \$20 (no camp 7/3)
- 3 7/06 – 7/10 _____ \$180 Extended Day _____ \$25
- 4 7/13 – 7/17 _____ \$180 Extended Day _____ \$25
- 5 7/20 – 7/24 _____ \$180 Extended Day _____ \$25
- 6 7/27 – 7/31 _____ \$180 Extended Day _____ \$25
- 7 8/03 – 8/07 _____ \$180 Extended Day _____ \$25

TEEN EXPEDITIONS (Non-residents add \$10 per session)

- 1 6/22 – 6/26 _____ \$210
- 2 6/29 – 7/02 _____ \$190 (no camp 7/3)
- 3 7/06 – 7/10 _____ \$210
- 4 7/13 – 7/17 _____ \$210
- 5 7/20 – 7/24 _____ \$210
- 6 7/27 – 7/31 _____ \$210
- 7 8/03 – 8/07 _____ \$210

CAMP HAMP (Non-residents add \$10 per session)

- 1 6/22 – 6/26 _____ \$195 Extended Day _____ \$25
- 2 6/29 – 7/02 _____ \$175 Extended Day _____ \$20 (no camp 7/3)
- 3 7/06 – 7/10 _____ \$195 Extended Day _____ \$25
- 4 7/13 – 7/17 _____ \$195 Extended Day _____ \$25
- 5 7/20 – 7/24 _____ \$195 Extended Day _____ \$25
- 6 7/27 – 7/31 _____ \$195 Extended Day _____ \$25
- 7 8/03 – 8/07 _____ \$195 Extended Day _____ \$25

CURRENT IMMUNIZATIONS AND PHYSICAL RECORDS must accompany this form as required by the STATE OF MASSACHUSETTS.

LOOK PARK PASSES needed for Camp KidZone and Camp Hamp only.

Summer Program Pass: A discounted \$20 Look Park/NPRD Camp KidZone & Camp Hamp ONLY Pass is available at the Parks & Rec Office at 100A Bridge Rd. Florence 8:30-4:30 Monday-Friday. These passes are good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be displayed in vehicle and available for ranger inspection. It is non-adhesive and can be used by multiple cars. Look Park season passes are available at NPRD and LOOK PARK for \$55 for residents and \$62 for non-residents with discounts for a second pass. For details visit lookpark.org.

Payment must be by Check made out to LOOK PARK or Cash

Program Total: _____

***Non-Resident Fee Total** _____

Grand Total: _____

***Non-Residents add \$10 to the fee - per session registered. (Max of \$50 per household).**

Northampton Parks & Recreation - Summer Day Camp Registration Form

PARTICIPANTS INFORMATION – ONLY ONE PARTICIPANT PER FORM

Name: _____ Age: _____ Date of Birth: _____

Gender: _____ Grade entering Fall 2020: _____ School currently attending: _____

*Special Health Conditions, Allergies, Requests, Notes: _____

Does your child require the use of an EpiPen, Inhaler? Or is your child insulin dependent?

____ No ____ Yes

If yes, please explain: _____

**EpiPen requires additional forms be submitted - see below*

PHOTOGRAPHS

May Northampton Parks & Recreation use photos of you or your family members for brochure, website, and promotional use? _____ Yes _____ No

BIKE OR WALK

If you wish for your child to arrive or depart by walking or riding a bike, please indicate below.

Please provide an explanation and identify the alternate form of transportation and the route the child will take:

SWIM ABILITY: Can your child swim? ____ Yes ____ No

**Children will be tested by Staff, per state regulations, and will be assigned a colored wristband to indicate swim ability*

Teen Expeditions ONLY

Is your child capable of riding a bike? ____ Yes ____ No

Is your child capable of hiking a distance between 2-5 miles? ____ Yes ____ No

Please note this camp includes these activities every week.

*** **

Allergy / Medical Requirements

Current Physical and Immunization forms for each camper (within the last 12 months)

For Children who have allergies that require an Epi Pen and/or those with Diabetes, Northampton Parks & Recreation requires that we have Emergency Action Plans and Medical Authorization Orders directly from the Child’s Physician. **These can be emailed or faxed to our office.**

(recreation@northamptonma.gov or 413-587-1045) In addition, we require the parents/guardians fill out the Northampton Parks & Recreation Dept.’s Authorization to Administer Medication form which gives permission to administer an EpiPen if needed. For the safety of the child, these forms must be completed and to our office at least a week prior to the camper’s first session.

We strongly encourage all medications be administered at home. If that is not possible, parents/guardians are required to fill out Northampton Parks & Recreation Dept.’s Authorization to Administer Medication form. Again, this form needs to be complete and submitted to the Parks & Recreation Office at least a week prior to the campers’ first session.

Northampton Parks & Recreation - Summer Day Camp Registration Form

Participant's Name: _____ (One Child Per Form)

ADULT 1/PRIMARY GUARDIAN 1 INFORMATION

Name: _____ Primary Phone: _____

Street Address: _____ Second Phone: _____

City: _____ State _____ Zip: _____

Email Address: _____

SECOND ADULT IN HOUSEHOLD/GUARDIAN IN HOUSEHOLD INFORMATION

Name: _____

Primary Phone: _____ Second Phone: _____

Email Address: _____

EMERGENCY CONTACT (Please list contact other than household above)

***We will always contact ADULT 1 and SECOND GUARDIAN IN HOUSEHOLD first unless otherwise indicated**

Name: _____ Primary Phone: _____

Relationship to Child: _____

Name: _____ Primary Phone: _____

Relationship to Child: _____

TRANSPORTATION

In addition to the parents/guardians my child will be dropped off and picked up by the following AUTHORIZED individuals. *This forms acts as permission for your child to arrive/depart from the program by these individuals:*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Medical Release Form

Participant's Name: _____ **(One Child Per Form)**

In the event that I/we cannot be reached in case of an emergency, I/we authorize any and all medical and/or surgical treatments, which are deemed advisable by emergency physicians and or surgeons for my child

_____. I/we also recognize that the patient when admitted is to remain in hospital care until his or her physician recommends the patient's discharge.

Print Child's Name

In the event of an injury requiring medical attention, ambulance transportation will be used at the expense of the injured participant's family unless parents can be reached and alternate transportation arranged. Northampton Parks & Recreation staff and/or rented buses will NOT transport an injured child.

I/we have read and understand the above.

Print Name _____ **Signature** _____ **Date** _____

Emergency Phone Number _____ Name _____

Insurance Company _____ Policy # _____



PARENTAL CONSENT FORM

CITY OF NORTHAMPTON PARKS AND RECREATION RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____ do hereby consent to my participation, and/or
my child's _____ participation in voluntary or recreation programs of the City of
Northampton.
Print Name
Print Child's Name

I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the City of Northampton as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary Activities City of Northampton or recreation programs.

Participant Signature (or Guardian signature if participant is under 18)

Print Name Date: _____

The Parks & Recreation Department policies for health care, discipline and others are available for review. If you would like a copy please call us and we would be happy to send you your request.

Participant's Full Name _____



CONFIRMATION

When entered into our computer system, you should receive an email confirmation of registration. You will also receive a parent information packet with the receipt. If you do not receive one, please call us at (413)587-1040. They will be available on our webpage also at www.northamptonma.gov/recreation.

PAYMENT/ CHANGE IN REGISTRATION /REFUND POLICY

- A **\$25 non-refundable deposit** is included in the camp registration fee for each session registered for. All balances are due June 5, 2020.
- **Changes** to the initial registration must be made in writing **at least one week in advance of the requested change**.
- **Refund** requests must be made in writing to the Parks & Recreation Department and must be submitted **at least one week prior to the start of the session** of the program(s) you are registered for.
 - There is a \$10 service charge for all refunds.
 - Each session has a \$25 non-refundable deposit included in registration fee.
 - Please allow 4-6 weeks for your refund check to be processed.

I have read and understand all the fees and policies associated with this program.

PARENT/GUARDIAN SIGNATURE: _____

Total Amount Due: \$ _____ (see page 1 for sessions & fees) **Total Amount Enclosed:** \$ _____

Payable by Check to: Northampton Parks & Recreation (NPRD)

Credit Card #: _____ **Expiration Date:** _____

cc# number is not kept on file once transaction is complete

Name on Card: _____ **Signature:** _____

PARENT CHECKLIST - Required to process registration

All forms must be submitted before registration can be processed.

- REGISTRATION PACKET (**ALL 6 PAGES**)
- PAYMENT *checks made to NPRD, cash, or CC*
- EMERGENCY MEDICAL RELEASE FORM (**PAGE 4**)
- SIGNED PARENT CONSENT FORM (**PAGE 5**)
- CURRENT IMMUNIZATION AND PHYSICAL RECORDS (Required by State of MA)
*EpiPen requires additional forms - see page 2

Summit completed registration packet to NPRD, 100A Bridge Rd., Florence MA 01062 (on right side of JFK Middle School, outside locked drop box available for after hours) Fax 413-587-1045, email recreation@northamptonma.gov

FOR OFFICE USE ONLY

Document Checklist

- ___ Registration form with Fee
- ___ Immunization & Physical Records
- ___ Consent Waiver
- ___ EpiPen information (if needed)

NOTE:

Amt Recd \$ _____ Date _____ CH# _____ CC _____ Cash _____

Amt Recd \$ _____ Date _____ CH# _____ CC _____ Cash _____

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Amt Recd \$ _____ Date _____ CH# _____ CC _____ Cash _____

Amt Recd \$ _____ Date _____ CH# _____ CC _____ Cash _____