

BOSTON 2010 SUMMER DAY CAMP REGISTRATION FORM

- **Tuesday, July 6 – Wednesday, August 11, 2010 Monday – Friday, 8 am to 3 pm**
- **Boston resident Early Bird PRICE \$150 if received at the Town Hall by May 14.
Non resident Early Bird PRICE \$250 if received at the Town Hall by May 14.
After May 14 \$180/\$280 respectively.**

For Town Use ONLY

Date: _____

BI SF

Amt. Paid \$ _____

Check # _____

Money Order _____

Staff Initials: _____

MAKE CHECK PAYABLE TO: TOWN OF BOSTON RECREATION.

June 11, 2010 ALL REGISTRATION IS CLOSED

Any registration received after this date will be returned.

- **Children are grouped according to grade in the present School Year.
K, 1, 2, 3 – BRIGHT IDEAS at Boston Valley School (Fridays @ Town Hall)
4, 5, 6, 7, 8 - SUMMER FRIENDS at the Town Hall**

Every camper receives a T-Shirt for field trips.

Circle one size: Youth S M L Adult S M L

M F

Last name	first	Age (on July 1 st)	date of birth	circle sex
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legal home mailing address	town	zip
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home telephone	daytime telephone
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school	current grade
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child's doctor	telephone
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father/guardian	last name	first	daytime phone	cell
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mother/guardian	last name	first	daytime phone	cell
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- Yes ___ No ___ My child has permission to swim.
- Yes ___ No ___ I consent that my child may be included in any photographs and other media which
may be used for publications or publicity.
- Yes ___ No ___ This child is a year-round resident of Boston.

Persons authorized to pick up your child:

names

OVER
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Persons to be notified in the event of an emergency if parent/guardian cannot be reached:

name	telephone	relationship
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name	telephone	relationship
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Choice of hospital emergency room, if necessary _____

Do you have health insurance? Yes ____ No ____

Any information I would like the staff to know (medical/social/emotional):

Please stress to your children that their continued participation in camp is dependent on their behavior. Failure to respect staff, other children, materials and rules will result in removal from the program without any refund.

If a parent cannot be reached in an emergency situation, the Boston Recreation Department is authorized in the name of the parent/guardian to seek or provide emergency care and/or emergency ambulance service at your expense.

Please sign below that you have read and agree to abide by the above statements.

parent/guardian signature	print name	date
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Please send complete registration with all 3 required items. We cannot register your child until we have all 3.

1. Registration Form – Completed and signed
2. Vaccination record from Doctor’s office – Required by Erie County Health Dept.
3. Check or Money Order to “Town of Boston Recreation”

Return all 3 to: **Bonnie Clesse, Recreation Director**
Boston Town Hall
8500 Boston State Road
Boston, New York 14025