Betmont Parks & Recreation Summer camp is authorized to release my child to only the individuals listed below. Inderstand actual understand person must be issues if eyace of gene and that my child will not be permitted to leave the camp with anyone else on listed below, understand actual understand person must be issues name of hubbles individuals (Please time to 3) Name of Authorized Person Relationship to Camper 1	Belmont Parks & Recreation PO Box 310, Belmont NH 03220 Belmont Parks & Recreation - ONL	INE REGISTRATIO	ON Camper Permission Slips - 2024	Phone: (603) 267-1864 E-mail: recreation@belmontnh.gov	
Name of Authorized Person Relationship to Camper 1)	Belmont Parks & Recreation Summer camp is authorized to release my child to only the individuals listed below. I understand each authorized person must be at least 16 years of age and that my child will not be permitted to leave the camp with anyone else not listed below, unless we are otherwise notified prior to release. All authorized individuals will be required to show identification, which MUST match the information given below, and sign out the child on each occurrence. The				
a) Release of Liability. & Emergency Medical Information a) Release of Liability. & Emergency Medical Information participant name balow have that bing to participant, in onsideration for participant in the program(s) liabid above, hereby for myself of the minor participant name balow have the ability to participant, in onsideration for participant in the program(s) liabid above, hereby for myself of the minor participant name balow how the ability to participant. In onsideration for participant in the program(s) liabid above, hereby for myself of the tracket by uself of the minor bind participant name balow to be reserved. give my participant name balow to be myself of the subscription in the event that the above name darendyguardian cannot be reserved at the phone numbers provided: I understand that in an emergency an attempt will be made to communicate with me pirot to use of the wave. Parent/Guardian Signature Printed Name Date Campers Lask Name: Campers First Name VMIB at water/manual to folder days of the subscription of the subscription of the wave of the one of the one folder on the subscription of the subscrip	•			p to Camper	
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The swim ability on this form must be filled in along with your signature. The other permission slip are optional so ONLY sign for the ones that you are granting permission. DO NOT sign the sunscreen or bug spray permission slip If your child is allergic to the common brands including bug spray containing DEETI Campers Last Name: Campers Last Name: Campers First Name SWIM ABILITY We are often at the beach and other water attractions. Please indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #2 - can swim a tail without a floation device will be permitted to swim up to childs arm pits Level #2 - can swim a tail without a floation device will be permitted to swim up to childs arm pits Level #2 - can swim a life mostly underwater and not for long distance - will be permitted to swim up to childs arm pits Level #2 - can swim a life indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim a life indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim a life indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim a life indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim a life indicate your campors swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim all table have the set of the down and table permitted to swim up to childs arm pits Level #3 - can swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim ability. Please <u>underestimate</u> if a category does not exactly match his/her abilit Level #3 - can swim ability. Please <u>underestimate</u> is a category does not exactly match his/her ability is a strant ability. Please <u>underestimate</u> is a category d					
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The following are days that my child WILL NOT walk or bike to/from camp: M T W TH F Parent/Guardian Signature Printed Name Date PHOTO RELEASE I the parents/guardian grant permission for Belmont Summer Camp employees to photograph my childs image, likeness, or depiction while attending summer camp. As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture or the picture of my child(ren) and use it for advertising and promotional purposes. Parent/Guardian Signature Printed Name Date CANCELLATION POLICY I understand the cancellation/refund policy is strictly enforced. If the program is cancelled by the Department, I will be notified and a full refund given. I also understand that if I miss any of the activities/classes, I will not be able to get a refund. Parent/Guardian Signature Printed Name Date	I, the parent/guardian grant permission for our daughter/son to walk or bike to/from the camp as noted below. Camper should arrive and depart at the same time daily unless staff has been notified of a change. Belmont Parks & Recreation is not responsible for any bikes that are left outside of the school during our program. We recommend bike locks be used for security. Permission to walk or bike to the camp: YES [] NO []				
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	Parent/Guardian Signature	Printed Name		Date	
		A	OURS OF OPERATION		

l understand the hours of operation of the Belmont Parks & Recreation Summer Camp program are 8:00AM - 4:30PM. Early Drop off is available for drop offs between 7:30AM-8:00AM for a charge of \$25/week. It is expected that campers are picked up on time each day. We reserve the right to charge a late fee of \$25.00 per child/per day for pickups later than 4:30 PM. In the case of an emergency, please call the Camp Director.

Parent/Guardian Signature	Printed Name	Date		
FOR OFFICIAL USE ONLY				
Belmont Resident: Yes [] No [] Proof of residency presented: Yes [] No []				
Permission Granted: (per waiver) Swim Ability # 1 2 3 Sunscr	reen: Y N Bug Spray: Y N Bike or Walk: Y N	AM[] PM[]		