



Town of Boscawen

116 North Main Street, Boscawen, NH 03303 | Telephone: 603.753.9188

2024

PARKS & RECREATION SUMMER YOUTH PROGRAM

June 24 – August 16, 2024

Select Board

Members

Lorrie J. Carey
Chair

Bill R. Bevans
Member

Matthew T. Burdick
Member

Katie Phelps
Town Administrator

Lori Cronan
Park Program Director

Please read all information below and initial in acceptance of all rules and regulations.

I understand that the Park Program is for **Boscawen residents only**. Children attending full-time will be prioritized first. If spots are not filled, part time children on the waiting list will be notified to join the program. Children must be at least six years old at the start of the program to participate and no older than twelve. Participation in the activities of the Boscawen Park Program ("Program/Programs") may involve risks of serious bodily injury, including permanent injury. These risks may be caused by the actions or inactions of my child, or the actions or inactions of others. There may be other risks not known to me or not readily foreseeable at this time. I understand my child's capabilities and health, and I believe that my child is capable of participating in the Programs. I give the staff of the Program permission to administer first aid to my child or to authorize that other medical treatment be given to my child.

Initial here: _____

I release and agree not to sue the Town of Boscawen and its employees, volunteers, and agents (the "released parties") from all liability, claims, losses, or damages arising out of any injury to my child occurring in connection with his/her participation in the Programs, whether as a result of negligence or any other cause, including the negligence of any of the released parties.

Initial here: _____

I understand the hours of the Program are from **7:30am to 4:30pm**. Children are not to be dropped off prior to 7:30am and *must* be picked up by 4:30pm. If this rule is not followed the Program Director has the right to terminate my child's participation in the Program and late fees will be assessed per the fee schedule.

Initial here: _____

I understand there is a \$225.00 per child registration fee, not to exceed \$440.00 per family for anyone signed before May 15, 2024. This fee includes Funday Fridays.

Initial here: _____

The Town of Boscawen prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status. Boscawen is an equal opportunity employer.

I understand there is a \$230.00 per child registration fee, not to exceed \$470.00 per family for anyone signed up May 15, 2024, or after. This fee includes Funday Fridays.

Initial here: _____

I understand there is a late fee of \$15.00 for the first ten minutes and \$10.00 for every 10 minutes after.

Initial here: _____

I understand there is a part-time camper fee of \$72.50 for one week and \$145 for two weeks.

Initial here: _____

Sign-ups begin Tuesday, April 16th, 2024 at 6:00pm. For additional information check out our Facebook page at Boscawen Parks & Rec. Payment is due in full at signup. Cash and check payments will be accepted at the Boscawen Municipal office. Checks are payable to **the Town of Boscawen** with a note of your child's name.

Initial here: _____

Refund Procedures:

All requests for refunds must be made in writing. Cancellations requests received three weeks or more prior to the start of the camp are eligible for a full refund. Cancellation requests received less than three weeks prior will not be eligible for a refund unless accompanied by a doctor's note.

Initial here: _____

REGISTRATION FORM

Please use a separate form for each child.

Child (ren) Name(s) _____

Age(s) _____ DOB(s) _____

Parent's/Guardian's: _____

Home Address: _____

Parent's/ Guardian's Phone: _____

Parent's/ Guardian's Email: _____

Emergency Contact: _____ Phone: _____

Primary Care Dr: _____ Phone: _____

Authorized Pickup Person(s)/Telephone: _____

Health concerns or accommodations that my child(ren) may require to participate in the Program:

I have read, understand, and agree to all **2024 Summer Youth Program Guidelines**.

Signature of Parent/Guardian Date

Please **indicate if your child will be out certain days or weeks of camp (please note that camp is closed the 4th of July)**:

For Town of Boscawen use only:

Payment: Check # _____ Cash _____ Date: _____ Initials: _____

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