

2024 CAMPERS NAME: _____

CAMP WITZEL REGISTRATION WEEKS:

Bedford Residents: \$300 (5-day week includes Wed Field Trip) | \$255 (4-day week) | \$215 (3-day week) | \$175 (2-day week)

Non-Residents: \$315 (5-day week includes Wed Field Trip) | \$270 (4-day week) | \$230 (3-day week) | \$190 (2-day week)

If you add Wednesday (which is our Field Trip day) to any camp combo of 4-3-2-day schedule add an additional \$50 for Field Trip FEE.

*JULY 1-2-3 Holiday Week ~ Special Rate (M-T-W) includes Wednesday Field Trip ~ \$265 Bedford Residents/\$280 Non-Residents

REMINDER: Before Camp Care \$10 per camper and After Camp Care \$10 per camper, per day. **\$50.00 MAX per week for either BCC/ACC or BOTH.**

Week 1	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
June 24-28	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 2 *3-day week	<i>M T W</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
July 1-2-3	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 3	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
July 8-12	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 4	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
July 15-19	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 5	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
July 22-26	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 6	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
July 29-Aug 2	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
Week 7	<i>M T W Th F</i>	+ AM Care	+ PM Care	Subtotal (# camp days + X-care)
Aug 5-Aug 9	___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	[] # days ___	[] # days ___	_____
\$30 Camper Registration Fee:				_____
(Non-Refundable)				TOTAL DUE

PARKS & RECREATION SUMMER DAY CAMP WITZEL 2024
Campers Registration Form (3-pages)

Child's Last Name: _____ Child's First Name: _____
(Please print neatly)

Child's Age: _____ DOB: _____ Fall Grade: _____ [] Male [] Female T-shirt size: _____

Address: _____

Mom's Name: _____ Day/Cell Phone: _____ Employment: _____

Dad's Name: _____ Day/Cell Phone: _____ Employment: _____

Date of Last Tetanus Shot: _____ E-mail address: _____
(Must be completed for child to attend camp)

MEDICAL INFORMATION:

Are there any identified health issues (including, but not limited to asthma, diabetes and epilepsy), which your child may have that may need emergency treatment? [] No [] Yes (If yes, you must provide physician's statement, necessary medication, and have contacted both the Camp Director and Department of Recreation Manager appropriately)

It is required that all pertinent information regarding any health problem (s) including physical, psychiatric, behavioral, or other problems which your child may have, be listed below. Please help us serve your child by being specific:

List all of your child's allergies below. In addition, please list any special dietary restrictions:

Swimming Ability: My child is [] Non-swimmer [] Beginner [] Swimmer
(**Please see Camp Handbook for definition of each level of swimming ability)

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EMERGENCY CONTACTS: Only those listed will be allowed to pick-up a child from Camp and must show ID at time of pick-up.

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

EMERGENCY PHONE NUMBERS

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

CAMP RELEASE AND EMERGENCY TREATMENT FORM

I give my permission for **my child** _____ to participate in the Camp activities including all field trips that the Parks & Recreation Department Summer Camp(s) offers. I do assume all the risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and save harmless, the Town of Bedford, the organizers of the activities, sponsors, and anyone connected with the program. I hereby waive all claims against the Town of Bedford, the Bedford School District and any of the supervisors of the recreation program. I agree to the unreserved use of my child's name and/or photographs and/or videotapes FOR PUBLICIZING Camp activities.

I agree that I have filled out this form completely and truthfully to the best of my knowledge. I recognize that failure to do so will result in immediate termination of my child's camp session(s) without refund.

Also, in the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician selected by the Camp Director to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Signature of Parent/Guardian

DATE