

Weekly Camp Sign-Up Form

WEEK # _____

DATES _____

COST:

Residents: \$35 daily without fieldtrip/Activity. \$50 on a fieldtrip/Activity Day.
Non-Residents: \$40 daily without fieldtrip/Activity. \$55 on a fieldtrip/Activity Day.

Please note: 8/27 is the cost of a non activity camp day

Regular Camp Hours
8:30am-4:00pm

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Early/Late Care
6:30-8:30am/4:00-6pm

M Early ☐ \$10 Late ☐ \$10 BOTH ☐ \$19

T Early ☐ \$10 Late ☐ \$10 BOTH ☐ \$19

W Early ☐ \$10 Late ☐ \$10 BOTH ☐ \$19

TH Early ☐ \$10 Late ☐ \$10 BOTH ☐ \$19

F Early ☐ \$10 Late ☐ \$10 BOTH ☐ \$19

Requests for cancellations OR change of days will not be accepted. Credits, cancellations or change of dates will only be given in the event of illness, in which case a doctor's note will be needed.

In consideration of your accepting my entry, and understanding that a certain amount of risk is inherent to some recreation programs, I hereby, for my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Town of Sweden and its representatives, successors and assigns and/or Town of Clarkson and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups or at any recreation facility, including the skate park. I also fully realize that I must provide proper medical and hospital coverage. Furthermore, in the event a refund is granted for myself or my child for whatever reason with the activities stated, I do hereby authorize the Town of Sweden to execute a refund voucher on my behalf and submit for payment under the terms and conditions set forth in the Sweden Clarkson Recreation Department/Refund Policy. Refunds are subject to a processing fee.

Childs Name: _____ Parents Name: _____

Signature: _____ Date: _____ Amount Due: _____

Amount Paid: _____ Change given: _____

Received by: _____ Date: _____ Time received: _____