



# TOWN OF ACTON RECREATION DEPARTMENT

50 Audubon Drive, Acton, MA 01720

(978) 929-6640

Information: [www.actonma.gov/camp](http://www.actonma.gov/camp)

**Online Registration:** [www.actonrec.com](http://www.actonrec.com)



## 2020 NARA SUMMER CAMP CIT REGISTRATION FORM (Ages 14 & 15)

### ATTENDEE INFORMATION (one child per form)

Last:		First:		MI:	
Nickname:		Grade in September 2020:			
Birthday (MM/DD/YYYY)		Prior NARA Youth Participant?		Yes	No
Please circle:	Male or Female				
Allergies					
Special Accommodations					

### PARENT/GUARDIAN INFORMATION

Name(s)					
Mailing Address					
City, State, Zip					
Home Phone				Cell Phone:	
E-mail address					

List anyone authorized who may pick up your child including yourself.

ID required -- must match designated pick-up.

**Every participant will receive a free t-shirt on first day of camp. Campers should wear their t-shirts on field trip days to easily identify which children belong to NARA Camp.**

**Please circle your child's size:** Adult Small    Adult Medium    Adult Large

Session #	Dates	Session Themes	Session Fee	Sibling Discount	Pre- Care 7:30-8:00AM	Post- Care 4:00-5:30AM	Total
1	June 22-26	Animal Planet Week	\$150	\$135	\$20	\$65	\$
2	June 29-July 2	Party in the USA Week	\$120	\$108	\$16	\$52	\$
3	July 6-10	Pirate Week	\$150	\$135	\$20	\$65	\$
4	July 13-17	Superhero Week	\$150	\$135	\$20	\$65	\$
5	July 20-24	Olympics Week	\$150	\$135	\$20	\$65	\$
6	July 27-31	Carnival Week	\$150	\$135	\$20	\$65	\$
7	August 3-7	NARA Ninja Warrior Week	\$150	\$135	\$20	\$65	\$
8	August 10-14	Winter Wonderland Week	\$150	\$135	\$20	\$65	\$
9	August 17-21	NARA's Got Talent Week	\$150	\$135	\$20	\$65	\$
10	August 24-28	Color Wars Week	\$150	\$135	\$20	\$65	\$

**Please note: All snacks, meals and beverages are provided by parent. Field Trip Fees are included with registration fees.**

***This form must also include Parent/Guardian Consent & Acknowledgement Form.***

**Total**  
\$



**NARA Summer Camp  
Parent / Guardian Consent and Acknowledgement**



**MUST BE SUBMITTED WITH EACH CAMP REGISTRATION**

**Field Trips:** Field trip costs are included in the weekly registration fee. By signing this form, you are agreeing to send your child on the field trips without an additional field trip permission slip. Wednesday trips are for 10 – 15 year olds, while Thursday trips include the entire camp (excluding Mighty Minis on some occasions). If you send you child to camp on Wednesdays and Thursdays, he/she will be attending the field trip on that day, and this registration form is your consent. The only way for your camper to skip the Thursday trip, is to not come to camp on that day.

**Payment:** Payment in full is due with registration. Payment options accepted are: Cash, Check, Money Order, VISA, MasterCard. A 3% fee is added to all credit card payments.

**Required Paperwork:** Please provide a copy of your child’s physical and immunization record dated within 18 months of the session participation. These records must be submitted on CampDoc.com prior to the first day of camp, or child will not be admitted due to Board of Health regulations.

**Refund Policy:** You may withdraw up to seven (7) business days prior to the start of a session. A \$50 non-refundable fee will be applied for each session. Exception to policy; a written letter from a licensed physician excusing participant from a program prior to the 1<sup>st</sup> day of session start date. Refunds will not be issued due to weather conditions or any water closure. All refund requests must be submitted in writing to the Recreation Office. Refund requests are not accepted by NARA Summer Staff.

**Behavior:** We take great pride in the outstanding respect that our participants have exhibited over the years with our program. For the enjoyment and safety of all participants and staff, inappropriate behavior will not be permitted. Our program has a zero tolerance policy. Grounds for dismissal include: disrespect for others or property, foul language, fighting, bullying, sexual harassment, spitting and biting. Refunds will not be given to a participant who has been dismissed from the program due to behavioral issues.

**Switching Session Fee:** A fee of \$25 per session fee is applied (per person) pending availability of session openings.

**Scholarships:** Scholarships are available for those who qualify through Doli Atamian Campership Program, <https://www.doliatamiancampership.com/>.

**Flexible Spending:** Town of Acton Tax ID #046-001-062. We are happy to provide a receipt for you for your Flexible Spending Account reimbursement.

**Photographs:** Please initial if you wish for your child to NOT be included in photographs \_\_\_\_\_.

**Email:** Recreation uses email to communicate Recreation information and will not give out your address for other purposes.

**Proxy Registrations, Program Confirmation & Disclaimer:** A person may submit another’s registration form, provided the form is properly completed and signed. The Recreation Department reserves the right to correct mistakes or adjust program fees and activities in this brochure at the time of release by print or internet, and reserves the right to cancel any program due to low enrollment or poor weather.

**Release of Liability:** The Town of Acton and any other associated groups, their officers, members or associates, appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the NARA Summer Camp for any reason whatsoever. I also agree to assume the risks for myself and my child and agree to hold The Town of Acton and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from participating in the NARA Summer Camp.

**Registrations must be completed in full and signed by parent/guardian. Registrations will not be processed if incomplete.**

**I acknowledge the above policies and Release of Liability.**

**Child’s Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:	
Total Received \$ _____	Payment Type: Cash MO Visa MC Check # _____
Date Received: _____	By: _____ Camp Session: 1 2 3 4 5 6 7 8 9 10