

Permission Slip Received:

Oxford Township Parks and Recreation Waiver of Liability & Hold Harmless – Summer Camp Registration Form Please complete all information - one (1) participant per registration form



PARKS & RISCHEATE		1 10000 00111	oloto an imornio	20011 0110	(') P	artioipant por re	ogioti attori torrii		VARIES & RECREAT	
			Fun-N-Sun (Camp Pa	rticip	ant Informati	<u>ion</u>			
Camper's Name (First, Last)				Gender	Date	of Birth	Grade, K-6	()_ Home Phone		
Home Address City, State, Zip						Email address				
Mother's Name & Phone						Father's Name & Phone				
Child m	ay be released to									
Special	Notes on Participant (Allergie	es/Medical Condition	on)							
	emergency contact wi		rgency Contac Findividual ca		d an			while attendin	g camp that day	
Name & Relationship					Tionie Ceii Pilone					
Weekl Daily F Before	*July 2- July 6 Fee: \$40 (Oxford Re & After: \$12 per day or	Residents Subtract: \$102 (Oxford I	ct \$10) (9am to Residents Sub \$ (9am to (8-9am	10)*		Please circle AM of the firequiring both, 5-day co	days you are PA' or PM if you are circle both. Rem ombination to re	registering for eit		
Week	Dates	Monday	Tuesday	Wedneso	lay	Thursday	Friday	AM & PM Times Needed	OFFICE USE ONL Date & Amount Pa	
1	June 11- June 15							AM / PM		
2	June 18- June 22					\$10 FT PLANT		AM / PM		
3	June 25- June 29							AM / PM		
4	July 2- July 6*							AM / PM		
5	July 9- July 13		\$10 FT LEGO					AM / PM		
6	July 16- July 20							AM / PM		
7	July 23- July 27					\$10 FT DNR		AM / PM		
8	July 30- August 3							AM / PM		
9	August 6- August 10						\$10 SHIRT	AM / PM		
10	August 13- August 17				\$10 FT GROVE			AM / PM		
eers liab ally fit to MMEDIA nd Recr any part he fees un atme	ot to hold Oxford Area Commile for loss or injury as a result participate in the FUN-N-SUNTE SUSPENSION FROM THE eation office receives written sicipant(s) that is dropped of are per-child and must be osphere that you have comith@oxparkrec.org. No refund	t of participation in N program; I also HE PROGRAM. Prisigned obligation, poff at camp and is paid at the point ne to expect, our unds are offered f	this program. I undagree to abide by notographs and vicohotos may be repered for drop off. The department must	derstand that all rules and deos may be roduced in de or that giver program is apply this	injury regula taken epartm day limited	may result from notions. ANY MISRE at certain Parks a ent publications. will be assessed to the number of	ormal participation EPRESENTATION and Recreation Departments the daily fee in au of participants per	and I further attest (age/residence/et partment activities ddition to a \$30.0 r day. In order to	that my child is phystc.) WILL RESULT I and unless The Park 0 non-registered fe provide the safe an	
Parent/Guardian's Signature:					Date:					
	Return this COMPLETE 2795 Se							D RECREATION www.oxparkrec.c	org	
redit Ca	rd Number (Visa/MC) :		<u>=</u>	Expiration	Date (I	Month/Year):		CVV #		
lame as appears on CC:						Date Receive				

T-Shirt Order: Date:______ Size: _____