



Parks & Recreation Department

48 Lebanon Street
Hanover, NH 03755

Telephone: (603) 643-5315
E-mail: parksandrec@hanovernh.org

CAMPER CONTACT FORM (6JAN22)

THIS SECTION ONLY - FOR OFFICE USE

| | | | | | |
|----------------------|-------------|--------------------------|--------------------------|-------|--------------------------|
| Camp Options | Summer Play | <input type="checkbox"/> | Can't Get Enough Camp | Quest | <input type="checkbox"/> |
| | Circle H | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | Dragonfly | <input type="checkbox"/> | | | |
| | Tween | <input type="checkbox"/> | | | |
| Summer Camp Sessions | | Session 1 | <input type="checkbox"/> | | |
| | | Session 2 | <input type="checkbox"/> | | |
| | | Session 3 | <input type="checkbox"/> | | |

1. Please complete your child's information.

Today's Date _____
Month Day Year

Camper's Name _____
First Last

Date of Birth _____ Male Female
Month Day Year

Grade Entering Next School Year _____ Current Age of Child _____

2. Special Considerations

Please List any Special Concerns, Limitations, Allergies, Behavioral Plans, Medications or other Medical Conditions we should be aware of: (Please be specific).

Release & Indemnification Agreement:

The undersigned being the parent/legal guardian of the above named child, in consideration of the agreement by the Town of Hanover to allow my child to participate in HPR camp programs, hereby agrees as follow:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in HPR camp programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in the above listed program, I shall hold the Town of Hanover, the Parks & Recreation Department, and all their agents, principals, employee and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to the use of my child's photo, video, artwork etc. by the Hanover Parks & Recreation Department for flyers, presentations and other advertising means in print and digital form. At no time will a person be identified by name in a picture without prior special permission not covered by this consent.
4. I consent to my child's participation in all structured camp activities to include field trips, watching of G & PG rated movies and swimming activities & lessons.
5. The undersigned acknowledges that my child's participation in the above listed day camp programs may reasonably be considered a dangerous activity. This agreement is executed by the undersigned upon the understanding that the Town of Hanover will use best efforts in the conduct of the day camp program.

Parent/Legal Guardian Signature: _____

I have read and agree to all terms of this form and rules associated with the Hanover Parks & Recreation Programs

| | | | |
|----------------------|--|--|--|
| Camper's Name | | | |
|----------------------|--|--|--|

First

Last

| | | | |
|--|--|--|--|
| Is your child allowed to sign themselves out? | | If yes when is the earliest they may leave? | |
|--|--|--|--|

A. Parent/Legal Guardian Information

#1 Parent/Legal Guardian

First

Last

Relationship _____

Address

Street

Town

State

Zip Code

Home Phone _____

Best way to reach you during the day _____

Cell Phone _____

Home E-Mail _____

Work Phone _____

Work E-Mail _____

#2 Parent/Legal Guardian

First

Last

Relationship _____

Address

Street

Town

State

Zip Code

Home Phone _____

Best way to reach you during the day _____

Cell Phone _____

Home E-Mail _____

Work Phone _____

Work E-Mail _____

B. Emergency Contact Information - *Must Be Different From Above & Be Able To Pick Up*

Emergency Contact

Last

First

Relationship _____

Home Phone _____

Address

Street

Town

State

Zip Code

Cell Phone _____

Work Phone _____

C. List additional individuals who you authorize to pick up your child from our programs

| | Name | Home Phone | Cell Phone | Relationship |
|---|------|------------|------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

