



TOWN OF ACTON RECREATION DEPARTMENT

50 Audubon Drive, Acton, MA 01720

(978) 929-6640

Information and Registration : www.actonrec.com

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



2024 NARA SUMMER CAMP CIT REGISTRATION FORM (Ages 14-15)

CAMPER INFORMATION (one child per form)

Last:		First:		MI:	
Nickname				Grade (Fall 2024):	
Birthday (MM/DD/YYYY)				Please circle: Male, Female, Non-binary	
Prior NARA Camp participant?: Yes No					
Allergies					
Special Accommodations					

PARENT/GUARDIAN INFORMATION

Name(s)					
Mailing Address					
City, State, Zip					
Home Phone		Cell Phone:			
E-mail address					
<p>List anyone authorized who may pick up your child including yourself.</p> <p>ID required-- must match designated pick-up</p>					

Every participant will receive a free t-shirt at camp. Campers should wear their t-shirt on field trip days for group identification.

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

Session #	Dates	Session Theme	Session Fee	Pre-Care 7:30-8:00	Post Care 4:00-5:30	Total
1	June 24 – 28	Disney	\$150	\$20	\$65	
2	July 1 – 5 (no camp 7/4)	Celebrate our Country!	\$150	\$20	\$65	
3	July 8 – 12	Pirate	\$150	\$20	\$65	
4	July 15 – 19	Superhero	\$150	\$20	\$65	
5	July 22 – 26	Camp Olympics	\$150	\$20	\$65	
6	July 29 – Aug. 2	NARA's Got Talent	\$150	\$20	\$65	
7	August 5 – 9	Pokémon	\$150	\$20	\$65	
8	August 12 – 16	Under the Sea	\$150	\$20	\$65	
9	August 19 – 23	Harry Potter	\$150	\$20	\$65	
Please note: All meals, snacks, and beverages are provided by parent.		Total Paid:				
		\$				



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

MUST BE SUBMITTED WITH EACH CAMP REGISTRATION

Field Trips: Field trip costs are included in the registration fee. By signing this form, you are consenting to send your child on the field trips without an additional field trip permission slip. If you send you child to Camp on Thursday, they will be attending the field trip on that day. The only way for your child to skip the field trip is to not come to Camp that day. No refunds are given for missed days.

Sunscreen: I give permission for my camper to use sunscreen and receive administering help from staff. Initial _____

Hand Sanitizer: I give permission for my camper to use hand sanitizer. Initial _____

Payment: Payment in full is due with registration. Payment options accepted are: Cash, Check, Money Order, VISA, MasterCard. A 3% bank 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 week participation. These records must be submitted on CampDoc.com prior to the first day of camp, or your 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. Pre-Camp and Post-Camp: A fee of \$10 is applied for each session. Exception to policy timeframe: a written letter from a licensed physician excusing participant from a program prior to the first day of session start date. In the event of physician’s letter the non-refundable registration fee still applies. 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. Pre-Camp and Post-Camp: A fee of \$10 per session is applied.

Scholarships: Scholarships are available for qualifying Acton or Boxborough residents through the 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 Flexible Spending Account reimbursement to parent/guardian listed on the account. Receipt requests must be in writing to recreation@actonma.gov.

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 errors or adjust program fees and activities in any of its publications at the time of release by print or internet, and reserves the right to cancel any program.

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 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: _____