

## TOWN OF ACTON RECREATION DEPARTMENT

50 Audubon Drive, Acton, MA 01720 (978) 929-6640

Online Registration: <a href="https://www.actonrec.com">www.actonrec.com</a>
This form must also include Parent/Guardian Consent & Acknowledgement Form

2025 CAMP HILL TOP REGISTRATION FORM (Grades Pre-K through 3rd)									
ATTENDEE INFORMATION (one child per form)									
Last:	First:		MI:						
Nickname			Grade i	n Septeml	oer 2025:				
Birthday (MM/DD/YYYY)			Please	circle: N	1ale Fem	ale No	n-Binary		
Child's age at start of Camp:									
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 at Camp.  Please circle your child's t-shirt size: Youth Small Youth Medium Youth Large									
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Session #	Dates	Session Theme	<u>AM</u> 9AM- 12PM	<u>PM</u> 12PM- 4PM	Pre- Camp 7:30- 9:00AM	Post Camp 4:00- 5:30PM	Total		
1	June 23 – 27	Survivor	\$125	\$125	\$65	\$65			
2	Jun 30 – Jul 3 (no camp 7/4)	Holiday	\$125	\$125	\$65	\$65			
3	July 7 – 11	Galaxy Explorers	\$125	\$125	\$65	\$65			
4	July 14 – 18	Music Makers	\$125	\$125	\$65	\$65			
5	July 21 – 25	Superhero	\$125	\$125	\$65	\$65			
6	Jul 28 – Aug 1	Hollywood	\$125	\$125	\$65	\$65			
7	August 4 – 8	Mythical Creatures	\$125	\$125	\$65	\$65			
8	August 11 – 15	Eco-Warriors	\$125	\$125	\$65	\$65			
9	August 18 - 22	Underwater World	\$125	\$125	\$65	\$65			
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Please note: All meals, snacks, and beverages are provided by parent.					Total Paid:				



## Camp Hill Top Parent / Guardian Consent and Acknowledgement MUST BE SUBMITTED WITH EACH CAMP REGISTRATION

<u>Field Trips</u>: Field trip fees 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 on 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\_

	<ul> <li>Payment in full is due with registration. Payment op rd. A 3% bank fee is added to all credit card payment</li> </ul>	tions accepted are: Cash, Check, Money Order, VISA, its.
session we		hysical and immunization record dated within 18 months of the on CampDoc.com prior to the first day of camp, or your child will
be applied timeframe date. In the weather co	d for each session. Pre-Camp and Post-Camp: A fee e: a written letter from a licensed physician excusing p he event of physician's note the \$50.00 non-refundab	lays prior to the start of a session. A \$50 non-refundable fee will of \$10 is applied for each session. Exception to policy participant from a program prior to the first day of session start all le registration fee still applies. Refunds will not be issued due to ust be submitted in writing to the Recreation Office. Refund
program. has a zero sexual har	For the enjoyment and safety of all participants and o tolerance policy. Grounds for dismissal include: dis	that our participants have exhibited over the years with our staff, inappropriate behavior will not be permitted. Our program respect for others or property, foul language, fighting, bullying, en to a participant who has been dismissed from the program due
	g Session Fee: A fee of \$25 per session fee is applied and Post-Camp: A fee of \$10 per session is applied	ed (per person / session) pending availability of session openings.
	<u>hips</u> : Scholarships are available for qualifying Acton <u>https://www.doliatamiancampership.com/</u> .	or Boxborough residents through the Doli Atamian Campership
		e are happy to provide a receipt for Flexible Spending Account ipt requests must be in writing to <a href="recreation@actonma.gov">recreation@actonma.gov</a> .
Photogra	nphs: Please initial if you wish for your child to NOT be	pe included in photographs
Email: Re	ecreation uses email to communicate Recreation info	ormation and will not give out your address for other purposes.
form is pro	operly completed and signed. The Recreation Depar	A person may submit another's registration form provided the tment reserves the right to correct errors or adjust program fees print or internet, and reserves the right to cancel any program.
volunteer, engaged in to hold the	do not accept any liability for loss of life or property, in during Camp Hill Top for any reason whatsoever. I	iated groups, their officers, members or associates, appointed or personal injury or damage caused or rising out of any activity also agree to assume the risks for myself and my child and agree inteers harmless and free of any liability for damage or injury my
Registrati incomple		ent/guardian. Registrations will not be processed if
l acknow	vledge the above policies and Release of Lia	bility.
Child's N	Name (Printed):	
Parent/G	Suardian Signature:	
Parent/G	Suardian Name (Printed):	Date:
Office Use C	 Only:	
Total Receiv	ved \$ Payment Type: Cash MO Vi	sa MC Check #
Date Receiv	/ed: By:	