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TOWN OF ACTON RECREATION DEPARTMENT

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

Online Registration: www.actonrec.com

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

202	25 C/	AMP HILL TOP	CIT RE	GISTRATI	ON	FORM (Gr	ades	9-10)		
ATTENDEE INFORMAT	ION (one child per forr	n)							
Last: First:				MI:						
Nickname					Grade (Entering Fall 2025):					
Birthday (MM/DD/YYYY)						Please circle:	Male	Female	Non-Binary	
Prior camp participant?:	Yes	No								
Allergies										
Special Accommodations										
PARENT/GUARDIAN IN	NFORI	MATION								
Name(s)										
Mailing Address										
City, State, Zip										
Home Phone	Cell Phor									
E-mail address										
List anyone authorized whincluding yourself.										
ID required must match	design	ated pick-up								
Every camper will receive a	a free t	-shirt at Camp.								
Please circle your child's si	ze:	Adult Small	Adult Me	e <mark>dium Adul</mark>	<mark>lt Lar</mark> g	ge				
Session #		Dates	Sess	ion Theme		Session Fee		Weel	s Attending	
1		June 23 – 27	S	Survivor		FREE				
2		Jun 30 – Jul 3	ŀ	Holiday		FREE				
		(no camp 7/4)								
3		July 7 – 11	Galax	y Explorers		FREE				

Music Makers

Superhero

Hollywood

Mythical Creatures

Eco-Warriors

Underwater World

FREE

FREE

FREE

FREE

FREE

FREE

Please note: All meals, snacks, and beverages are provided by parent.

July 14 – 18

July 21 – 25

Jul 28 – Aug 1

August 4 – 8

August 11 – 15

August 18 – 22



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____

Payment: Payment in full is due with registration. Payment options accepted are: Cash, Check, Money Order, VISA,

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

MasterCard. A 3% dank 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 \$50.00 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 Camp Hill Top staff.								
<u>Behavior</u> : 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/session) pending availability of session openings. Pre-Camp and Post-Camp: A fee of \$10 per session is applied.								
<u>Scholarships</u> : Scholarships are available for qualifying Acton or Boxborough residents through the Doli Atamian Campership Program: https://www.doliatamiancampership.com/ .								
<u>Flexible Spending</u> : 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 <u>recreation@actonma.gov</u> .								
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.								
<u>Proxy Registrations, Program Confirmation & Disclaimer</u> : 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 Camp Hill Top 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 Camp Hill Top.								
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:								
ffice Use Only:								
otal Received \$ Payment Type: Cash MO Visa MC Check #								
ate Received: By:								