

#CampCASTAWAY SUMMER CAMP  
2018 SUMMER CAMP REGISTRATION FORM

PORTLAND RECREATION, 212 CANCO ROAD, PORTLAND, ME 04103  
PHONE: 207-808-5400 // FAX: 207-808-5400 // recreation@portlandmaine.gov

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nick Name \_\_\_\_\_  
Age \_\_\_ Male/Female \_\_\_ Birthdate \_\_\_\_\_ Grade Just Completed \_\_\_\_\_ School \_\_\_\_\_  
T-Shirt Size Youth Small \_\_\_ Medium \_\_\_ Large \_\_\_ Adult Small \_\_\_ Medium \_\_\_ Large \_\_\_ Xtra Large \_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Participation of Individuals with Disabilities**

The City of Portland Parks, Recreation and Facilities Department (the Department) is committed to providing interested participants equal opportunities in and access to its recreation programs. The Department, as part of its mission, provides inclusive programming in an open and welcoming atmosphere.

Qualified individuals with a physical or mental disability are encouraged to request reasonable accommodations to allow them to participate in public programs and services provided by the Department. The Department will make reasonable accommodations for qualified individuals with a disability, so long as the accommodation does not fundamentally alter the nature of the program, pose a direct threat to others, or otherwise impose an undue burden on the City.

Qualified individuals with a disability seeking an accommodation in order to participate in Department programs will be asked to complete a questionnaire in order to determine appropriate accommodations.

I am requesting an accommodation for my child. \_\_\_ Yes \_\_\_ No

If Yes, please request and complete the inclusion intake form to help us plan for your child's needs.

**Medical and Behavioral Consideration:**

Please list any allergies (include food): \_\_\_\_\_

Please list any medications taken at home and how they are administered: \_\_\_\_\_

Is there any additional information we should know about your child? \_\_\_\_\_

I give permission for emergency medical treatment to be given to my child, in case I cannot be reached by phone:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Please answer ALL of the following questions:**

Portland Recreation has permission to apply sunscreen to my child. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_  
 Portland Recreation has permission to apply temporary henna/tattoos to my child. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_  
 Portland Recreation has permission to apply face paint to my child. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_  
 Portland Recreation has permission to apply nail polish to my child. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Initials** \_\_\_\_\_

Portland Recreation staff has permission to post photos of my child on the camp web page. **Yes** \_\_\_ **No** \_\_\_ **Initials** \_\_\_\_  
*Photographs: The Department of Recreation may take pictures or videos of participants at our programs, activities or special events. Please be aware that the picture may appear in future promotional materials, including our brochure.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Mark Which Weeks Your Child will be Attending Camp:**

Each week: Resident \$190.00 // Non-Resident \$240.00

Week 1: \_\_\_\_\_ June 26, 27, 28, 2018 "Urban Air/Bowling, Sweetser Ropes Course, Canobie Lake"  
 Week 2: \_\_\_\_\_ July 3, 5, 6, 2018 (No Camp July 4<sup>th</sup>) Splashtown, The Funcenter, Monkey Trunks"  
 Week 3: \_\_\_\_\_ July 10, 11, 12, 2018 "Maine Indoor Carting/Beach, Paintball, Boston Trip"  
 Week 4: \_\_\_\_\_ July 17, 18, 19, 2018 "Canoeing, Funtown, Rafting"  
 Week 5: \_\_\_\_\_ July 24, 25, 26, 2018 "Watercountry, Bowling/Rock Climbing, Gunstock Mountain"  
 Week 6: \_\_\_\_\_ July 31 – August 1, 2, 2018 "Splashtown/Funtown, Escape Room/Movie, 6 Flags"  
 Week 7: \_\_\_\_\_ August 7, 8, 9, 2018 "Cranmore Mountain, Sea Kayaking/Paddleboarding, SkyVenture"  
 All 7 weeks: \_\_\_\_\_ Resident \$1330.00 // Non-Resident \$1680.00

**Bus Needed:** \$20/week (check all that apply)

|        | <u>Morning Bus Pick-Up</u> | <u>Afternoon Bus Drop-Off</u> | <u>Select Your Child's Bus Pick-up/Drop-Off Location:</u> |
|--------|----------------------------|-------------------------------|---|
| Week 1 | _____                      | _____                         | Lyseth Elementary _____                                   |
| Week 2 | _____                      | _____                         | Presumpscot Elementary _____                              |
| Week 3 | _____                      | _____                         | Ocean Ave. Elementary _____                               |
| Week 4 | _____                      | _____                         | Riverton Community Center _____                           |
| Week 5 | _____                      | _____                         | Boys & Girls Club (Cumberland Ave.) _____                 |
| Week 6 | _____                      | _____                         | Reiche Elementary _____                                   |
| Week 7 | _____                      | _____                         | Longfellow Elementary _____                               |
|        |                            |                               | Sagamore Village _____                                    |

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**Release Assumption of Agreement, Agreement to Indemnify and Hold Harmless Signature:**

I hereby give permission for my child to participate in the City of Portland Recreation Department Programs. I am aware that learning or participating in the above activity can be an activity involving risk of injury, including serious injury. I fully understand that the City of Portland, its agents, officers and employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation out of said program. To the fullest extent permitted by law, I do hereby agree to assume all risk of injury, harm or damage to his/her person or property (including but not limited to his/her property caused by negligence of the City of Portland, it's agents, officers or employees) arising during or in connection with said program, and I do hereby release and agree to indemnify and hold harmless the City of Portland, its agents, officers and employees from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to his/her property caused by negligence of the City of Portland, it's agents, officers or employees) for injury harm or damage to his/her property that may arise or occur during or in connection with said programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*See Back Side of Packet for Payment Page\*\* →→→→**

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Child Last Name: \_\_\_\_\_ Child First Name: \_\_\_\_\_

Payment Information:

Camp Total..... \$ \_\_\_\_\_  
Specialty Trip Total..... \$ \_\_\_\_\_  
After Camp Hours Total..... \$ \_\_\_\_\_  
Bus Total..... \$ \_\_\_\_\_  
Total Camp Cost: \$ \_\_\_\_\_

Weekly payments from your Visa, MasterCard or checking account.

(Please check which payment option you'd like):

- Option 1.** You pay camp over a 7 week pay period every Friday (starting 6/22/18). Weekly amount is \$ \_\_\_\_\_
- Option 2.** You pay camp over a 10 week pay period every Friday (starting 6/15/18). Weekly amount is \$ \_\_\_\_\_
- Option 3.** Pay in full \$ \_\_\_\_\_

Credit/Debit Card (Visa/MasterCard)#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV # \_\_\_\_\_

Name on Card: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- OR -

Bank Account # \_\_\_\_\_ Routing #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Name On Account: \_\_\_\_\_

I have been awarded a Fee Waiver. Waiver Level: Full \_\_\_ A \_\_\_ B \_\_\_

**Circle One ASPIRE/TANF/ CCSP will be covering the cost of my child to attend.** This cannot be used in combination with a fee waiver. A signed release form is needed if choosing this option. Parent is required to notify Portland Recreation of any assigned Parent Fees\* from DHHS.

Client Social Security # \_\_\_\_\_ or Client ID #: \_\_\_\_\_

*\*If assigned a parent fee by DHHS you are required to inform Portland Recreation of this amount and make payment arrangements.*

I authorize the City of Portland Recreation & Facilities Management Department to automatically charge any funds owed to them from my account to the Summer Camp Recreation Program. I understand that this agreement may be terminated by me at any time with a two-week written notification. I also understand that this agreement may be terminated with cause by the City of Portland Recreation & Facilities Management Department at any time without any notice. I authorize the City of Portland Recreation & Facilities Management Department to charge my account for the purposes of collecting Summer Camp Recreation Fees, Late Pick up Fees and/or Non-Sufficient Fund fees owed by me according to the signed enrollment contract for services rendered. Your withdrawal will automatically occur unless we receive notification of child care changes. Automatic withdrawals will be for consecutive weeks every Friday for the duration of Summer Camp. Non-payment of fees may result in immediate termination from the Summer Camp Program. Non-sufficient funds will result in an automatic withdrawal of a \$25 service charge per transaction. I authorize the City of Portland Recreation & Facilities Management Department to add any declined amounts to my next scheduled payment date.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# PORTLAND

## PARKS, RECREATION & FACILITIES

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### Participant Rules, Guidelines, and Code of Conduct

The City for Portland's Parks, Recreation & Facilities Department is dedicated to providing safe programs, parks, pools and facilities. We pledge to do all we can to make participation safe and enjoyable. Participants in our programs can help the City provide a safe and enjoyable environment by treating others with respect and following Participant Rules, Guidelines, and the Code of Conduct.

- Participants must be able to participate independently or with reasonable accommodations/modifications.
- Participants must be age appropriate for the particular program for which he/she is registered.
- Participants must be able to take and follow directions and instruction from a staff person.
- Participants must interact and participate in a manner that is physically and emotionally safe for themselves and others.
- Participants must be able to maintain personal care without the support of recreation staff.
- Participants must be able to stay with his/her assigned group.
- Participants must respect others (listening and following directions; using appropriate language; keeping hands and feet to self).
- Participants must maintain self-control (anger management) and follow the Parks, Recreation & Facilities Departments **Behavior Rubric**. Please review the **Behavior Rubric** for our behavioral guidelines.

**I have read and understand the above Rules, Guidelines and Code of Conduct. By signing below, I am stating that I understand that I /the Participant or my child as the Participant, must abide by all of the above requirements. I understand that the Parks, Recreation & Facilities staff reserve the right to discuss with me any questions or safety concerns they may have about my use of the program or my child's use of the program. I understand the City of Portland may remove me or my child from the program if I/the Participant or my child as the Participant, violate the above rules or it otherwise becomes unsafe for me or my child to participate.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_