

Castleton Summer Adventure Camp 🌻

The Castleton Summer Adventure Camp is a weekly day-camp, running from **July 3-August 11**, 2023. Registration is open to resident and non-resident campers in 1st-6th grade.

Camp is a safe environment for all children where they can experience friendships, expand their creativity, learn new things, and have FUN. Your child will have the option to participate in a variety of activities throughout the week such as music, sports, outside time, camp games, and arts and crafts. Campers must have appropriate footwear for running, bathing suits, towels, sunscreen, bug spray and water bottle. Campers will swim every day!

**No camp on July 4th, 2023. *Please note space is limited.*

Registration Fee (Per Camper, Per Week)

Residents: **\$50.00**

Non-Residents: **\$60**

*Early drop off at 7:30AM is available for +\$15 per week.

*Late pick up of 4:30PM is available for +\$15 per week.

*Early drop off AND late pick up is available for +\$30 per week.

To register and pay by check/cash, please complete the registration form below. Bring the completed form and full payment to the Castleton Town Office (263 Rte. 30 North, Bomoseen, VT). You may leave completed registration forms and payment in the Town Office drop-box 24/7, but the deadline for check/cash registration is **Friday, June 17.**

To register and pay online, visit the following URL and click on “Summer Adventure Camp”: <https://www.castletonvermont.org/recreation/pages/programs> .

Online registration will remain open through the summer up until *the week before* the start of the chosen camp week, as spots are available.

2023 SUMMER ADVENTURE CAMP REGISTRATION FORM

Please complete one form per camper.

Parent/Guardian Information:

First Name: _____

Last Name: _____

Relation to child: _____

Primary Phone Number: _____

Primary Email Address: _____

Primary Address: _____

Town of Residence: _____

Camper Information:

First Name of Child: _____

Last Name of Child: _____

Child's Age: _____

Grade Child is Entering: _____

Medical/Behavioral Concerns: _____

Emergency Contact Information:

First Name: _____

Last Name: _____

Relation to child: _____

Phone Number: _____

Email Address: _____

Please select the week(s) you'd like to register this camper for by checking the boxes below:

Optional Add-Ons

Select Week(s) Below:	Early Drop Off (7:30AM)	Late Pickup (4:30PM)	Early Drop & Late Pickup (7:30AM-4:30PM)	Non-Resident
<input type="checkbox"/> Week of July 3 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10
<input type="checkbox"/> Week of July 10 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10
<input type="checkbox"/> Week of July 17 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10
<input type="checkbox"/> Week of July 24 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10
<input type="checkbox"/> Week of July 31 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10
<input type="checkbox"/> Week of Aug 7 (\$50)	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$15	<input type="checkbox"/> +\$30	<input type="checkbox"/> +\$10

Number of Weeks Selected: _____ x \$50 = _____

Number of Early Drop Offs: _____ x \$15 = _____

Number of Late Pickups: _____ x \$15 = _____

Number of Early Drop Off AND Late Pickup: _____ x \$30 = _____

Number of Non-Resident Fees: _____ x \$10 = _____

TOTAL Due: \$ _____

Liability Waiver

Signing below means you have read and agreed to the following: I understand that there are risks of physical injury inherent in participating in sports and recreational activities. I understand that the Town of Castleton does not carry health or accident insurance for participants of its programs, and strongly advises participants to carry adequate coverage for themselves and their family. I understand that injuries are a possibility as a result of this activity. I agree to hold the Town of Castleton, Castleton Recreation Commission, or anyone associate with this program harmless for any responsibility or liability from any injuries or property damage which may arise from my/my child's participation in this program. I also understand that my own medical and /or disability insurance will be used in the event of an injury in any program and that I will be directly responsible for any medical costs. If you no longer wish to participate in a program, withdrawal must occur 48 hours before the start of the program to procure a refund. Credit card processing fees which are built into the program fee are non-refundable.

Photo Release

By signing below, I hereby consent to the use of my or my child's photo, video, etc. by the department for flyers, presentations, etc.

Parent/Guardian Printed Name: _____ Signed Name: _____

Date: _____