

**Hebron Parks and Recreation  
Summer Adventure Camp 2026 Registration Form**

<b>Camper's Name (First Name, Last Name)</b>	<b>Grade child is going into:</b>
<b>Date of Birth:</b> _____  _____ Male _____ Female <b>Age:</b> _____	<b>Parent / Guardian Email address:</b>
<b>Address</b>	<b>Home Phone    Cell Phone (circle one)</b>
<b>1. Parent/ Guardian Name</b>	<b>2. Parent/ Guardian Name</b>
<b>1. Parent/ Guardian Numbers * please circle the best number to reach you during camp hours.</b>	<b>2. Parent/ Guardian Numbers * please circle best number to reach you during camp hours.</b>
<b>Home Number:</b> <b>Cell Phone Number:</b>	<b>Home Number:</b> <b>Cell Phone Number:</b>
<b>Work Number:</b>	<b>Work Number:</b>

**Please select camp weeks below, indicating regular camp week, and/or PM Extended Care.**

<b>Camp Weeks \$250 per week</b>	<b>Regular Camp Day 7:00 AM- 5:00 PM  Please check weeks below</b>	<b>PM Extended Care 5:00– 6:00 PM \$34 per week</b>
Week 1, June 22 –June 26		
Week 2, June 29 - July 2 *no camp July 3 <sup>rd</sup>		
Week 3, July 6 – July 10		
Week 4, July 13 – July 17		
Week 5, July 20 – July 24		
Week 6, July 27 – July 31		
Week 7, Aug. 3 – Aug. 7		
Week 8, Aug. 10- Aug. 14		
<b><u>TOTAL:</u></b>		

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify, and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

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

**Date:** \_\_\_\_\_

**PHOTO POLICY:**

By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing, along with your registration.



**Hebron Parks and Recreation  
Summer Adventure Camp 2026 Emergency Form**

**Camper's Name:**

**Emergency Contact – Person other than Parent/ Guardian**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**People authorized to pick your child up from Summer Adventure Camp other than yourself:**

First and Last Name	Relationship	Phone #
First and Last Name	Relationship	Phone #
First and Last Name	Relationship	Phone #

**Medical Information**

It is important for the Recreation Staff to be fully aware of any allergies, chronic or recurring illnesses, or physical limitations of your child, as well as any medications your child is taking. For instance, it is important that we know whether your child has ever been stung, and if there was a reaction to the bee/wasp sting. Does your child require an inhaler for asthma?

**Please list and briefly explain the following:**

**Chronic or Serious Illness:**

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**Allergies:**

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**Current Medications:**

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**Medications that will be taken/needed during camp hours: \*please note- child MUST have an updated Medication Administration form, on file, signed by Dr., to store and administer medication.**

**Has your child ever been stung (if yes please explain if they had a reaction):**  
**Is your child allergic to bees: Yes / No**

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**Prior injuries:**

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**Notes- \*Anything else the Recreation Supervisor should know about your child? (IEP, 504, or behavior plans? Court or custody orders?)**

**PLEASE ATTACH RECENT  
WALLET SIZE PHOTO  
OF CAMPER.  
(APPLICATION NOT ACCEPTED WITHOUT)**

**ADA  
American Disabilities Act**  
 Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Department upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.