



2010 Summer Camp



Participants Name _____ Age _____ Grade _____ Sex _____ D.O.B. ____/____/____

Parent/Guardian Name _____

Mailing Address _____ Town _____ Zip _____

Email Address _____

I would like to be on the Gilford Youth Center Email list (check box)

Home Phone _____ Cell Phone _____

Work Phone _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please describe any allergies/medical problems:

Participation in this program may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my child's ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights against the Gilford Youth Center, the Gilford Community Church, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the program and activities.

In addition, I give my permission for the child to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

As a parent, guardian or participant, I allow the Gilford Youth Center to take my child's picture/video for advertising and promotional purposes.

Signature of Parent/Guardian

_____/_____/_____

Date

Check Week(s) to Sign Up For

- | | | | |
|----------------------------------|----------|----------------------------------|----------|
| <input type="checkbox"/> Week #1 | \$120.00 | <input type="checkbox"/> Week #5 | \$120.00 |
| <input type="checkbox"/> Week #2 | \$120.00 | <input type="checkbox"/> Week #6 | \$120.00 |
| <input type="checkbox"/> Week #3 | \$120.00 | <input type="checkbox"/> Week #7 | \$120.00 |
| <input type="checkbox"/> Week #4 | \$120.00 | | |

Total \$_____

* Weeks can be added/removed throughout the summer (1 week in advance notice)

** Questions can be directed to the GYC Director Scott Hodsdon. You can email him at gccscott@metrocast.net or call 524-6978

Please list below anyone who may be picking up your child(ren) from camp

Name

Relationship

_____	_____
_____	_____
_____	_____