



www.hopewelltp.com

2016 REGISTRATION FORM

Please complete separate forms for each camper.
 Child must be at least 5 years old to attend camp.

(Please Print)

Camper's Name _____ Age on 6/13/16 _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Phone Number _____

E-Mail _____ Emergency Phone _____

Health Concerns _____ Food or Environmental Allergies _____

Campers attend Monday through Thursday at the regularly scheduled times then return at 8:00 pm Thursday evening for games, campfire (weather permitting), snacks and sleepover (optional) in the Nature Center. Pick-up is 8:00 am Friday morning unless Recreation Staff is notified by parent/guardian. Floor mats are provided. Campers must bring their own sleeping bag and pillow.

SESSION # <small>Please circle your choice.</small>	DATES OF SESSION <small>Includes Monday through Friday Pick-up on Friday morning 8:00 am (optional sleepover Thursday night)</small>	TIME <small>Drop off your camper at the park by 9:55 am.</small>	AGE <small>Must be at least 5 years old!</small>	COMMENTS <small>Unlimited water provided</small>
1	 June 13-15	10 am – 2 pm <small>No overnight this week only!</small>	7-11 years	Bring your lunch
2	June 20-24	10 am – 1 pm	5-8 years	Snack provided
3	June 27 - July 1	10 am – 2 pm	7-11 years	Bring your lunch
4	July 11 – 15	10 am – 2 pm	9-13 years	Bring your lunch
5	July 18 - 22	10 am – 1 pm	5-8 years	Snack provided
6	July 25- July 29	10 am – 2 pm	7-11 years	Bring your lunch
7	August 1 – 5	10 am – 1 pm	5-8 years	Snack provided
8	August 8 - 12	10 am – 2 pm	9-13 years	Bring your lunch

My child/the child in my legal care, (Name) _____, age _____, has my permission as parent/guardian to participate in Camp Lakewood Day Camp. I understand there may be a risk of personal injury in participation of recreational activities and the transportation associated with these activities. In signing this Release, I assume all risks and hazards that may be posed to my child, incidental to such activities and transportation. I do hereby release, absolve, indemnify and hold harmless the Township of Hopewell, the Parks & Recreation representatives, organizers, sponsors and any staff associated with or in conjunction with the recreational activities from any and all liability by reason of any injury to my child. I agree that my child is subject to the rules and regulations of the specific activity and the rules of the Hopewell Township Parks and Recreation staff. I do further grant permission to any licensed physician to perform medical care to aid in any injury that occurs to my child during this activity.

Parent/Guardian Signature _____ Date _____

**FEE IS DUE AT REGISTRATION. CHECK, CASH, OR MONEY ORDER - NO CREDIT OR DEBIT CARDS
 PROOF OF RESIDENCY MUST BE PRESENTED.**

Check payable to: "HOPEWELL TOWNSHIP" Camp Fees: \$40 – Hopewell Township resident \$50 – non-resident campers
 Register at HOPEWELL COMMUNITY PARK NATURE CENTER: Saturday, May 7, 14, 21 & 28 — 10am - 2pm
 Register at HOPEWELL TWP. MUNICIPAL BUILDING: Monday-Friday beginning Wednesday, June 1 — 8:30am - 4:30pm

Hopewell Township Parks and Recreation Department, 724-378-1460 x101
 Hopewell Township Municipal Building, 1700 Clark Blvd., Aliquippa, PA 15001
 Hopewell Community Park, 2500 Laird Drive, Aliquippa, PA 15001

OFFICE USE ONLY

Registration Date: _____ Amount Paid: _____ Payment Method: _____ Staff Initials: _____
(for this camper only) (include check or money order #)