

TOWN OF WILTON

PARKS AND RECREATION SUMMER CAMPS

158 Weld Street, Wilton, Maine 04294

PROGRAM: _____

DATE OF BIRTH: ____/____/____

NAME: _____ AGE: ____ GRADE: _____

MAILING ADDRESS: _____ PHONE: _____

I/We the parent/guardian of the named boy/girl, do hereby give approval to his/her participation in any and all activities of the Wilton Recreation Department. Program listed above for the current season. I/We do further release, absolve, indemnify and hold harmless, waiving all claims against the Wilton Parks and Recreation Commission, the Director, the Organizer, and the Supervisors appointed, any and all of them. In case of injury to my son/daughter, I/We hereby waive all claims against the Wilton Parks and Recreation Commission, the Director, the Organizer, and any of the Supervisors appointed, also included is when riding on the bus to or from these activities. The Recreation Department reserves the right to decide player eligibility based on inappropriate behavior.

I/We understand that the Wilton Recreation Department does not carry any accident insurance.

I/We will provide any insurance that we deem necessary for our child.

Parent/Guardian

Please check all that apply:	Grades	Time	Date
\$25 _____ Co-Ed Soccer	1-6	6-7:30pm	8/13-8/16
\$30 _____ Girls Basketball	3-8	11:30am -1:30pm	7/30-8/2
\$30 _____ Boys Basketball	3-8	9 – 11am	7/30-8/2
\$20 _____ Field Hockey	2-6	5 -6:30pm	7/30-8/2

For Out of town Participants, please add \$5 to the price listed

