



Day Camp Program

Children ages 6—14 years old

June 27 to August 11, 2022

*8:30am—3:00pm

*Sites close for lunch 11:45am-12:30pm, Lunch Pass available

All sites are closed the week of July 4—July 7

Resident Fee: \$ 94.00—first child

\$71.00—each additional child

Non- Resident Fee: \$122.50—first child

\$92.50—each additional child

Lunch Pass Fee: \$45.00 per child (not available at Erie)

Shirts available to those who register by June 30



SITES

Erie Elementary

Disney Elementary

Huron Elementary

McGlennen Elementary

Reid Park

CDBG SITES

(Camp fee waived for qualified participants)

Joy Park

ACTIVITY

30300-ER

30300-DS

30300-HU

30300-MG

30300-RD

30300-JP

One registration form per household



Adult First Name				Adult Last Name				
Address				City			Zip Code	
Home Phone		Daytime Phone		Email Address				
Emergency Phone #1 (with Name)				Emergency Phone #2 (with Name)				
Participant's Last Name	Participant's First Name	T-Shirt Size	Date of Birth	Grade (just completed)	Gender	Activity #	Lunch Pass—check here to enroll	Total Fee
							<input type="checkbox"/> + \$45.00	
							<input type="checkbox"/> + \$45.00	
							<input type="checkbox"/> + \$45.00	
							<input type="checkbox"/> + \$45.00	
_____ Check here if you need accommodation in order to fully participate in any activity. You will be contacted to discuss your specific needs.				Release Information: Please indicate how you would desire your child to exit CTPR _____ Allowed to come and go on his/her own _____ Release to Parent, Guardian or designated adult only (list names below)				
Please list any allergies the Recreation Department should be aware of _____								

WAIVER OF LIABILITY, WARRANTY OF PHYSICAL HEALTH, PHOTO RELEASE & PARENTAL CONSENT

We acknowledge that participation in recreational activities carries the risk of serious injury or death from occurrences during activities, including, but not limited to: being struck by objects, slip, trip or fall, being injured by other participants, and other health hazards. We fully release and absolve from liability the Charter Township of Clinton, its employees, agents contractors and those in concert and participation with it from any and all liability, injury or damages on behalf of our child, and individually on behalf of ourselves. This release extends to personal and bodily injury, as well as property damage. The above includes a waiver of liability and should be read carefully and fully before signing. I the undersigner, hereby agree to allow the individual(s) named heron to participate in the Charter Township of Clinton Parks and Recreation activities. I certify that, to the best of my knowledge, the participant(s) named hereon is/are physically fit and able to engage in Parks and Recreation activities. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant. We, being either the natural or adoptive parents or legal guardian for the individuals whose names are set forth on the registration form, represent and warrant that the child is physically healthy and able to participate in the activities for which the child is registered, acknowledging the full understanding of such activities and an opportunity to review with the Department any and all questions regarding such activities. We further represent that we have full authority on behalf of such child or children to consent to the child's participation and do consent to such participation. I hereby authorize the Charter Township of Clinton Parks & Recreation Department to use all photos, both video and audio portion of video tapes on which I or my dependent appears. I understand that portions of these tapes may be used in other programs, training aids, and production at the discretion of the Township of Clinton Parks and Recreation.

Check here to opt out - I do not authorize the use of any photos, video, or audio in which I or my dependents appear

Printed Name _____

Signature X _____

Date: _____

Credit Card Information :: Please Fill Out Completely :: All Information will be Securely Shredded By the Office Staff :: Credit Card Information

Signature X _____

Date: _____

Contact us at
586-286-9336 (office)
586-723-8282 (fax)
recreation@clintontownship.com

CVS (3 digit code on back) _____ Exp Date ____ / ____

Credit Card #: _____

Checks Payable to C.T.P.R.
Send To: 40700 Romeo
Plank Rd,
Clinton Twp, MI 48038