



**DOVER ARENA CAMP KOOL  
REGISTRATION 2020**  
Ages of eligibility: 6-12 as of 6/1/20

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL(print clearly): \_\_\_\_\_

EMERGENCY DAY PHONE (Mother): \_\_\_\_\_ Mother's Name: \_\_\_\_\_

EMERGENCY DAY PHONE (Father): \_\_\_\_\_ Father's Name: \_\_\_\_\_

EMERGENCY DAY PHONE (Neighbor/Relative): \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**No money will be accepted at this point!! Please email to [I.berry@dover.nh.gov](mailto:I.berry@dover.nh.gov) or mail to Dover Arena at 110 Portland Avenue, Dover, NH 03820. Do not show up to arena!**

Who is authorized to pick up child from camp? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please circle the weeks you plan on attending.**

Week #1	Week #2	Week #3	Week #4	Week #5	Week #6	Week #7	Week #8	Week #9
6/15 - 6/19	6/22 - 6/26	6/29 - 7/2	7/6 - 7/10	7/13 - 7/17	7/20 - 7/24	7/27 - 7/31	8/3 - 8/7	8/10 - 8/14
Amt. _____								
Check# _____ Cash _____								
Date Pd: _____								
Staff: _____								

**T-shirt Size**



Please check one:

(These will be given to camper the first week of camp)

Youth Small\_\_ Youth Medium\_\_ Youth Large\_\_

Adult Small\_\_ Adult Medium\_\_

**Please circle one:**  
**Swimming ability: Swimmer Non swimmer**

**\$10.00 Non-refundable administration fee included in each week.**

**LIABILITY WAIVER/MEDICAL RELEASE**

I, the undersigned, parent or guardian, do hereby agree to allow the individual names herein to participate in the aforementioned activity, and I further agree to hold the City of Dover, Community Services Department, and/or the Arena Division and staff harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of his/her participation in this activity.

I, understand that in case of injury or illness, I will be notified. If it is impossible to contact me and if it is an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I, the parent/legal guardian, the undersigned have read this release and understand all its terms. I execute this release voluntarily and with full knowledge of its significance. I have executed this release on this date indicated next to my name.

We may take photographs during the Summer programs. May we use your child's photograph in future publications without their name attached?  Yes  No

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Please indicate any medical concerns: medication(s) child is taking, swimming problems or other physical disabilities of which we should be made aware of:

\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_ Certificate # \_\_\_\_\_