



DOVER ARENA CAMP KOOL
REGISTRATION 2026
 Ages of eligibility: 6-12 as of 6/1/26

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ AGE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

EMAIL (print clearly): _____

Parent/ Guardian Name: _____ Phone #: _____

Parent/ Guardian Name: _____ Phone #: _____

EMERGENCY CONTACT (Neighbor/Relative): _____ Phone #: _____

Relationship to child: _____

Payments Due:

Deposit: \$200.00 due at Sign-up.

First Payment: \$700.00 due by June 1st

Second (Final) Payment: \$700.00 due by July 1st

Payments can be made in advance.

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

Name: _____ Relationship: _____

<p>Please circle one:</p> <p>Swimming ability: Swimmer Non-swimmer</p>

LIABILITY WAIVER/MEDICAL RELEASE

No refund given after activity begins. All persons participating in Dover Recreation programs do so at their own risk and without recourse to the City of Dover, its agents, officers or employees. A \$10 non-refundable administration charge included in all fees.

I, the undersigned, parent or guardian, do hereby acknowledge that the foregoing activity is recreational and not a necessity, and agree to allow the individual(s) named above to participate in the activity, and I further agree on my own behalf, any other parent/guardian, and on behalf of the individual(s) named above to release, waive, covenant not to sue, and hold the City of Dover, its Recreation Department, and all officials, employees, and agents harmless from and against any and all manner of liability, including but not limited to actions, omissions, and/or negligence of the City and/or its officials/employees/agents, for any injury, sickness, impairment, disease, illness, death, loss, expense, or damages which is or may be suffered by you and/or the aforementioned individual arising out of or in relation to his/her participation in this activity. The foregoing release/waiver/covenant not to sue/hold harmless also extends to any and all risks associated with the novel coronavirus (COVID-19), for which I expressly assume all risk associated with and which I understand is extremely contagious and is believed to spread mainly from person-to-person contact.

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. If needed please use back side.

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

We may be taking pictures of activities during any of our programs to use in our future publications. Please check if you would NOT allow use of these photos.

Do Not Allow the use of pictures

SIGNATURE: _____ Date: _____

Health Insurance Company: _____ Policy Holder: _____