

## Bring a Friend to Camp Day!

This Friday, July 17<sup>th</sup>, campers of the Outdoor Discovery Camp have the opportunity to bring a friend to camp. This is a free day for the camper's friend and is a great way for a friend to experience a day at camp. Bring a Friend to Camp Day is open for children going into 1<sup>st</sup> grade- 8<sup>th</sup> grade. If your camper is bringing a friend to camp on Friday, please have the following form filled out and brought to camp by Wednesday (7/15). Camper's friends will need to pack a snack, lunch, swimsuit, towel, water, and sunscreen, just like they would if they were attending camp.

***Please one friend per camper. Camp time runs from 9am to 4pm. Extended care is not included.***

Looking forward to meeting some new friends on Friday ☺

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Child's Name: \_\_\_\_\_ Friend of: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Information: In case we need to get a hold of you during the day, please list two contacts with the best phone number to call during camp hours.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies we need to be aware of? \_\_\_\_\_

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I assume all risks and hazards incidental to participation in the Amherst Recreation Department programs, and I do hereby waive, release, and hold harmless the said Town, its volunteers, staff, and all sponsors for any claim arising out of injury to myself or property damage that might occur during the participation. If applicable, I am aware of the hazards of the activities/sports and the risk of injury in these programs. In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Recreation Department and staff, act as my agent, to apply simple first aid when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted. I authorize the ARD to reasonable use of any and all images and statements of/by/ about the participant during any part of a ARD program for promotional purposes.

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**PARTICIPANT'S SIGNATURE (Parent/Guardian must sign if participant is under 18)**