



2024 REGISTRATION FORM

Please complete separate forms for each camper.
Child must be at least five-years-old to attend camp.

(Please Print) Session # _____

Camper's Name _____ Age on 6/13/2024 _____ Date of Birth _____

Address _____

Parent/Guardian Name _____ Phone Number _____

E-mail _____ Shirt Size _____ Emergency Phone Number _____

Health Concerns _____ Food or Environmental Allergies _____

SESSION # <small>Please circle your choice.</small>	DATES OF SESSION <small>Includes Monday through Friday</small>	TIME <small>Drop off your camper at the park by 9:00 am</small>	AGE <small>Must be at least Five-years-old</small>	COMMENTS <small>Unlimited water provided</small>
1	June 10 - 14	9 am - 2 pm	5 - 8 years	Bring Your Lunch
2	June 17 - 21	9 am - 2 pm	7 - 10 years	Bring Your Lunch
3	June 24 - 28	9 am - 2 pm	9 - 12 years	Bring Your Lunch
4	July 8 - 12	9 am - 2 pm	5 - 8 years	Bring Your Lunch
5	July 15 - 19	9 am - 2 pm	7 - 10 years	Bring Your Lunch
6	July 22 - 29	9 am - 2 pm	9 - 12 years	Bring Your Lunch
7	July 29 - August 2	9 am - 2 pm	5 - 10 years	Bring Your Lunch

My child/the child in my legal care, (Name) _____, age _____, has my permission as parent/guardian to participate in Camp Lakewood Day Camp. I understand there may be a risk of personal injury in participation of recreational activities and the transportation associated with these activities. In signing this Release, I assume all risks and hazards that may be posed to my child, incidental to such activities and transportation. I do hereby release, absolve, indemnify and hold harmless the Township of Hopewell, the Parks & Recreation representatives, organizers, sponsors and any staff associated with or in conjunction with the recreational activities from any and all liability by reason of any injury to my child. I agree that my child is subject to the rules and regulations of the specific activity and the rules of the Hopewell Township Parks & Recreation staff. I do further grant permission to any licensed physician to perform medical care to aid in any injury that occurs to my child during this activity.

Parent/Guardian Signature _____ Date _____

FEE IS DUE AT REGISTRATION. CASH, CHECK, OR MONEY ORDER - NO CREDIT OR DEBIT CARDS

PROOF OF RESIDENCY MUST BE PRESENTED

Check payable to: HOPEWELL TOWNSHIP **Camp Fees: \$85 Hopewell Resident \$100 Non-Resident Camper**

If you live in Raccoon, Independence, or Clinton Township and your child is a student in the Hopewell Area School District, you are NOT CONSIDERED a resident of Hopewell Township and will be required to pay the non-resident fee.

Register at HOPEWELL MUNICIPAL BUILDING:

Hopewell Township Recreation Department, (724) 378-1460 x101 * Hopewell Township Municipal Building, 1700 Clark Blvd., Aliquippa PA 15001
Hopewell Community Park, 2500 Laird Drive, Aliquippa PA 15001

Office use only - Registration Date: _____ Payment Method: _____ Staff Initials: _____