



**Welcoming!**

Week 1: Magician Danny Diamond  
Week 2: Kona Shaved Ice Truck  
Week 3: Mad Scientist & Ice Cream Emergency  
Week 4: DJ Austin Dailey

**INFLATABLES WEEKLY!!!**

July 1st - July 26th

9am-1pm @ Pavilion Camp

2 Sarah Sanford Rd. East

(no camp on Thursday July 4th)

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Registration for Bridgewater residents now open

Registration for non-residents opens 5/27

Weeks (check all that apply)

[ ] July 1-5 (No Camp July 4)

[ ] July 8-12

[ ] July 15-19

[ ] July 22 -26

Camper fees: \$ 80 per week (or \$210 per family of 3 per week)

Please make **check** payable to Town of Bridgewater

Child Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone Number(s) \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Alternates who may Pick Up/ Drop Off

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

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

**Inclement Weather:** Camp will be canceled by email in the event of rain or thunderstorms.

Initial \_\_\_\_\_

Please return completed camp forms to:  
Bridgewater Recreation Dept. 44 Main St. South Bridgewater, CT

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Someone who can be reached during camp hours)

Relationship to Camper \_\_\_\_\_

Pediatrician Name and Number \_\_\_\_\_

Dentist Name and Number \_\_\_\_\_

Does your child have any allergies. (If yes please list)	
Are there any factors that limit your child's physical activity?	
Is there any other information, disabilities, emotional or behavioral issues our director staff need to be aware of?	
Is your child allowed to bike to and from camp? If yes please have your child arrive no earlier than 9am.	

Can my child's photo be take and shared on social media including: Town Site and Camp Facebook.                      YES      NO

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### Liability and Authorization

I do hereby appoint a representative of the Bridgewater Recreation Staff to act on my behalf in authorizing medical, dental, surgical or hospitalization for the above named child in my absence  
Initial \_\_\_\_\_

I will hold harmless the Town of Bridgewater, its officials, agents, instructors, directors and employees for any and all injury or damage which my child personally incurs or injury or damage to the person or property of others which my child causes or contributes to while participating in the Town of Bridgewater Summer Camp  
Initial \_\_\_\_\_

I agree to all camp rules, regulations and procedures as laid out in the camper handbook. A hard copy will be distributed on your child's first day. Please see town hall for camper handbook in advance if necessary or Camp Director Kathryn Banko can be reached at [shawekathryn@gmail.com](mailto:shawekathryn@gmail.com) for questions.  
Initial \_\_\_\_\_

Parent/ Guardian Name (print) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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