

ALTON SUMMER CAMPS!!!!

July 9-July 13
Camp
Winnepesaukee

July 16-July 20
Wicked Cool
Camp for Kids

July 30-August 3
Camp
Winnepesaukee

CAMP WINNIPESAUKEE: Ages 7-11 presented by Alton Parks and Recreation



JULY 9-13 and JULY 30-AUGUST 3
Monday-Friday - 9:00am-4:00pm
Alton Bay Comm. Center / RR Square Park

Register by May 31 for discount pricing:

- ♦ Register for one week = \$175
- ♦ Register for both weeks = \$325 **SAVE \$25!**
After May 31, camp is \$200/week, no discounts.

July 9 – July 13 **AMERICAN SUMMER BASH**

This summer party week features: Camp Olympics, beach time, yard games and snow cones. Carnival activities, face painting, a photo booth and popcorn. We'll enjoy a picnic, go snorkeling, have a cookout, and eat s'mores! Space is limited; register today!

July 30 – August 3 **ADVENTURE WEEK**

Adventure awaits you with: Finding clues inside an Egyptian escape room! Playing beach games, swimming and having a picnic. Mini golf, ice cream and pizza. And mad science fun with gooey slime and green slime punch! This camp will fill up fast!

Camp Winnepesaukee registration includes local excursions, daily crafts, games/activities, supervision and lots of fun! Please bring a bag/cooler lunch each day with drinks/snacks, and a bathing suit and towel for swimming in the lake. Submit a completed registration form (opposite side of this flyer) to the Alton Parks and Recreation office at 328 Main Street with your full payment.

NEW

WICKED COOL CAMP: Grades K-5 presented by Wicked Cool For Kids (Hands-on Enrichment Programs)

JULY 16-20 ♦ Monday-Friday ♦ Alton Bay Comm. Ctr.
Two ½-day themes: 9:00am-12:00pm & 1:00pm-4:00pm
Register by June 22 to determine minimum enrollment

- ♦ Register for morning program = \$210
- ♦ Register for afternoon program = \$190
- ♦ Register for full day = \$310 **SAVE \$90!**

WICKED COOL VET SCHOOL (9:00am-12:00pm) - (\$210 per child) Do you dream of becoming a veterinarian? Then grab your lab coat, and join us as we learn about our favorite furry, flying and fishy friends! Follow a furry "patient", make amazing animal models, build big bones, and investigate animal intestines from birds, mammals, reptiles, amphibians and fish. End the week with a visit with a live animal.

WICKED COOL SCIENCE (1:00pm-4:00pm) - (\$190 per child) These kid-approved top 10 STEAM experiments are sure to be a hit with any junior scientist. Grow giant glowing cubes, create crazy chemical reactions, make glow sticks glow brighter, and delight your friends with magic fish. Make a necklace with real DNA, and harness the power of the sun. Kids get a lab coat and safety glasses to wear all week and take home, too!

Wicked Cool Camp registration: Register by June 22 to determine minimum enrollment numbers. If registering for both programs, the total cost is \$310 per child, and the child will be supervised during the 12:00pm-1:00pm lunch break. Please bring snacks and drinks each day (and lunch if attending both programs). Submit a completed registration form (opposite side of this flyer) to the Alton Parks and Recreation office at 328 Main Street with your full payment.



REGISTRATION FORM

Creating Community
Through People,
Parks and Programs

PO Box 659, Alton, NH 03809 • 603.875.0109 • fax: 603.875.0242 • parksrec@alton.nh.gov • www.alton.nh.gov

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be made payable to "Town of Alton" and mailed to PO Box 659, Alton, NH 03809 or dropped off at the Alton Parks and Recreation office located at 328 Main Street (AVAS Public Park) on Route 11 across from Levey Park. Please do not send cash.

Parent/Guardian or Adult Participant Information

For youth registration, please provide both parent/guardian names, addresses, phone numbers and email addresses.

Parent/Guardian #1 or Adult Participant

Name: _____

Mailing _____

Address: _____

Phone #s: Cell: _____ Day: _____

Evening: _____

Email: _____

Please add me to your email distribution list.

Parent/Guardian #2

Name: _____

Mailing _____

Address: _____

Phone #s: Cell: _____ Day: _____

Evening: _____

Email: _____

Please add me to your email distribution list.

Emergency Notification and Medical Information

In case of emergency, please notify Parent/Guardian #1 listed above or Parent/Guardian #2 listed above. Alternate contact is:

Name: _____ Relationship: _____ Contact Phone: _____

Please list all others authorized for youth pick-up: _____

Please indicate hospital preference: _____ Check here for no hospital preference

Doctor's name: _____ Doctor's office phone: _____

Please list any allergies, limitations or accommodations needed: _____

Please list medications your child is taking: _____

Registration Information

* n/a for adult registration

Participant Name	Gender	Date of Birth*	Grade Entering*	Activity Name	Cost
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

Please enclose a self-addressed, stamped envelope if you would like a receipt mailed to you

TOTAL DUE:

Recreation Soccer Program: If registering for Rec Soccer, please circle shirt size: YS YM YL AS AM AL XL

Waiver and Release of Liability

Participation in this recreation program may involve risk of injury, including, but not limited to, sprains, strains, bruises, torn muscles, broken bones, eye and head injuries. As a parent, guardian or participant, I attest and verify that I have full knowledge of the risks involved, and that I am/my child is physically fit to participate in the program. In consideration for participation in the programs/activities listed, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the program/activity. In addition, I give my permission for myself/my child to be treated by qualified medical personnel in the event that the emergency contact or parent/guardian listed cannot be reached at the phone numbers provided.

Signature (parent/guardian must sign for participants under 18)

Date