

Waivers and Agreements for XTREME Teen Adventure Camp

I have read and agree to all information presented in the Parent Handbook for XTREME Teen Adventure Camp. I understand the expectations set by the Recreation Department as outlined in the Parent Handbook.

Initial

Camper cell phone number: _____

(We will use this information to contact campers if they miss a check-in time, or need to be located. All campers will have the Camp Directors phone number in case they need to get ahold of someone. If a child does not have a cell phone, please write "Does not have a cell phone").

PARENT SIGNATURE _____

PARTICIPANT NAME _____ Date _____

Please email your completed waivers to recreation@eastlongmeadowma.gov or These can also be dropped off at the Recreation Office (328 North Main Street) between 8:00 a.m.- 4:00 p.m..