



Barre City Recreation Summer Camp 2026 Registration Form

Student Name: _____ Student pronouns _____

Age (at time of camp): _____

Address: _____

City, State Zip: _____ Phone Number: _____

Parent/Guardian Name: _____

Address (if
different): _____

City, State Zip: _____ Parent Phone: _____

Email: _____ Cell Phone Number: _____

Please return all forms, signed and dated, along with your payment to the *City of Barre Recreation Office: 20 Auditorium Hill, Barre, Vermont 05641* or email forms to reccordinator@barrecity.org and call with payment.

Securing a camp spot is considered when both application and payment have been received.

Preference will be given to Barre City Residents

Questions? Please call 802-476-0257 or email reccordinator@barrecity.org

The staff of Barre City Recreation will strive to honor and celebrate the individual while providing structure, boundaries, and reasonable expectations for individual and group behavior and cooperation. All students will participate in a "full value contract" and will be expected to abide by those group expectations in an effort to create a safe space for exploration and creativity for everyone.



Medical History/Permission to Treat

Student Name: _____ DOB: _____

Address: _____ Phone: _____

City, State Zip: _____

Emergency Contact: _____

Phone: _____

Physician's Name: _____

Phone: _____

Does this student have any medical conditions we should know about? [] Yes [] No

Please describe: _____

Allergies: _____

Medications: (**please note:** that all medications must arrive in original bottle with physician's instructions on dispensing and a note from parent giving staff permission to administer.)

Is there anything you would like to share with us about your student?

I/we, _____, hereby give permission for the City of Barre staff to treat and/or transport my child to the local hospital for treatment, should s/he require medical intervention.

Parent(s)/Guardian Signature

Date



Permission to Photograph/Record

[] I/We, _____, **give permission** for my student, _____, to be photographed and/or recorded as a participant in the above-referenced summer camp experiences.

[] I/We, _____, **decline permission** for my student, _____, to be photographed and/or recorded as a participant in the above-referenced summer camp experiences.

Parent(s)/Guardian Signature

Date

Release of Liability

As consideration for my child (or children), being permitted by Barre City Recreation to participate in the 2026 summer camp:

I understand that as a participant, my child may be on/off the BOR Turf, Auditorium and in/out of the pool, as well as traveling to the Municipal pool via bus. I further understand that my child may be running, jumping, dancing and performing other varied movements in Alumni Hall, on the Turf, in the Auditorium and the Pool area. I understand that my child may be running, jumping, dancing near around other moving children. I assume all risks and hazards with such participation including transportation to and from camp and hereby waive, release, absolve and indemnify and agree to hold harmless, the **City of Barre** and its organizers, sponsors, supervisors, and participants for any claim arising out of accidental injury to my child. My signature indicates that I have read, understand, and agree to the terms of this **Release of Liability**. I hereby assume all risks of personal injury and property damage that may result from any City of Barre Recreation Camp.

Parent(s)/Guardian Signature

Date



Camper Section: (To be filled out with Camper)

What are you looking forward to most about this camp?

What do you think will be the most challenging/scary thing about camp?

What is your favorite snack food?

What do you like to do for fun?

What is your favorite color?

Do you have a nickname?

Do you have a friend attending camp?

Is there something you want us to know about you to help you at camp?

What is your favorite book?
Anything else you would like to share.....