



Parks & Recreation Department

2 Union St.
Littleton, NH 03561

Telephone: (603)-575-9175
Email: ktowle@littletonnh.gov

2026 Vacation Camp Registration Form

1. Please complete your child's information.

Child's Name (first & last) _____ Male _____ Female _____

Date of Birth (mm/dd/yyyy) _____ Grade Entering in Fall '25 _____

Do you give permission for the staff at the Littleton Parks and Rec Summer Program to apply sunscreen to your child? YES _____ NO _____

Do you consent to the use of your child's photo, video, artwork, etc by the Littleton Parks & Recreation Department in print and digital form? YES _____ NO _____

2. Special Considerations

Please list any Special Concerns, Limitations, Allergies, Behavioral Plans, Medications or other Medical Conditions we should be aware of. (Please be specific).

Has your child ever been stung by a bee? If so, what was the reaction?

Release & Indemnification Agreement:

The undersigned being the parent/guardian of the above named child, in consideration of the agreement by the Town of Littleton to allow my child to participate in LPR programs, hereby agrees as follows:

1. That no claim will be made by the undersigned on behalf of myself or on behalf of my child for personal injuries or other losses sustained by my child as a result of my child's participation in LPR programs.
2. That in the event any claim is made by my child for injuries or damages sustained by my child as a result of my child's participation in LPR programs, I shall hold the Town of Littleton, the Parks and Recreation Department, and all their agents, principals, employees, and representatives harmless from, and indemnify them against any such claims, including reasonable attorney's fees incurred by my child in connection therewith, whether or not such claims result in litigation.
3. I consent to my child's participation in all structured program activities to include offsite and/or walking field trips, watching of G & PG rated movies, hiking, and use of a computer.
4. I hereby give permission for the LPR staff to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care personnel as soon as possible regarding any emergency involving my child.
5. I consent to allow my child to eat snacks provided by LPR Staff.

Parent/Legal Guardian Signature: _____ Date: _____

I have read and acknowledged the terms of this form and rules associated with the Littleton Parks and Recreation Programs

| | |
|------------------------------------|--|
| Child's Name (first & last) | |
|------------------------------------|--|

Is your child allowed to sign themselves out? If yes, when is the earliest they may leave? _____

Are there any custody agreements in place that we should be aware of? (please provide copies if applicable) _____

A. Parent/Legal Guardian Information: ***Both must be authorized to pick-up your child***

#1 Parent/Guardian (first & last) _____ **Relationship** _____

Address (street, town, state, zip) _____

Home phone _____ **Best way to reach you during the day** _____

Cell Phone _____ **Home E-Mail** _____

Work Phone _____ **Work E-Mail** _____

#2 Parent/Guardian (first & last) _____ **Relationship** _____

Address (street, town, state, zip) _____

Home phone _____ **Best way to reach you during the day** _____

Cell Phone _____ **Home E-Mail** _____

Work Phone _____ **Work E-Mail** _____

B. Emergency Contact Information- ***Must Be Different From Above & Authorized To Pick Up/Assume responsibility for your child if a parent/guardian is not available***

Emergency Contact (first & last) _____ **Relationship** _____

Address (street, town, state, zip) _____

Home phone _____ **Cell Phone** _____ **Work Phone** _____

C. List additional individuals who you authorize to pick up your child from our program:

| | Name | Home Phone | Cell Phone | Relationship |
|----|------|------------|------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Parent/Legal Guardian Signature: _____ Date: _____

I hereby certify the identifying information provided above is true and accurate to the best of my knowledge.