



**TOWN OF ACTON RECREATION DEPARTMENT**  
**472 MAIN STREET, ACTON, MA 01720**  
**PHONE: (978) 264-9608**

Office use only: Check MC VISA Cash  
 \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

**2009 NARA YOUTH CIT REGISTRATION FORM FOR AGES 14 & 15**

**CIT's Information (ONE PERSON PER FORM)**

Last:		First:	MI
Nickname			Grade in Sept. 09:
Birthdate (MM/DD/YYYY)			Prior NARA Youth Participant? Yes No
Allergies			
Special Needs			

**Parent Information**

Parent's Name(s)			
Mailing Address			
City, State Zip			
Home Phone		Cell Phone:	
E-mail address			

List anyone authorized who may pick up your child including yourself. ID required must match.

**Free tee shirt included for those registered by June 1, 2009. Please circle your child's size**

Session #	Dates	Theme	Free tee shirt included for those registered by June 1, 2009. Please circle your child's size			Total			
			youth small	youth medium	youth large		adult small	adult medium	adult large
1	June 22-June 26	Cancelled due to school in session					\$		
2	June 29-July 3	Patriot's Week				\$35	\$20	\$60	\$
3	July 6-July 10	Survivor Week				\$35	\$20	\$60	\$
4	July 13-July 17	Around the World				\$35	\$20	\$60	\$
5	July 20-July 24	Age of the Dinosaurs				\$35	\$20	\$60	\$
6	July 27- July 31	Not Available- Session Full							\$
7	Aug. 3-Aug. 7	Jungle Fever				\$35	\$20	\$60	\$
8	Aug. 10-Aug. 14	Wet & Wild				\$35	\$20	\$60	\$
9	Aug. 17-Aug. 21	Flower Power				\$35	\$20	\$60	\$
10	Aug. 24-Aug. 26	Renaissance Week				\$21	\$12	\$36	\$
All CIT's are required to have First Aid & CPR. Card must be shown with registration if your son/daughter has completed a program. If needed, please add fee with registration. No refunds permitted for First Aid/CPR						CPR/First Aid	<b>Total</b>		
All food, beverages, and snacks are provided by parent. <b>FIELD TRIPS FEES ARE NOT INCLUDED.</b>						add \$35	\$		

**PAYMENT IN FULL DUE WITH REGISTRATION.** PAYMENTS ACCEPTED WITH CASH, CHECK, MO, VISA, MASTERCARD. Please note that fee of \$3 for each \$100 charged will be added for credit card transaction. Required: Please provide a copy of your child's physical (within one calendar year of attendance) and immunization record. [Scholarships available through Doli Atamian Campership Program, PO Box 693, Acton, MA 01720 or call 978-263-0131. For Flexible Spending Accounts: Town of Acton Tax ID #046-001-062.](#)

**Refund Policy:** No refunds for cancellation. Refunds will not be issued due to weather conditions or any water closure. **Switching Session Fee:** \$15 per session switch and must be received in writing. **Release of Liability:** The Town of Acton and any other associated groups, their officers, members or associates, appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the NARA Summer Youth Program for any reason whatsoever. I also agree to assume the risks for myself and my child and agree to hold The Town of Acton and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from participating in the NARA Youth Summer Program. Please initial if you wish for your child to NOT be included in any photographs \_\_\_\_\_. I acknowledge the above policies and Release of Liability. [Registrations will not be processed without proper information or signature.](#)

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_