

Family Camp Out

June 21—June 22, 2019 5:00pm –9:00am Rain Date: June 22-23, 2019

Official Registration Form

Pre-registration Required before June 13 (NO Walk-Ins)

See next page for registration instructions

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

(Please check your email morning of event for any last minute details, instructions, or cancellations)

in Party _____ @ \$7.00 pp (under 2 free) Total Cost: _____ # tents _____

Medical Notes: _____

Emergency Contact: Name _____ Phone: _____

Notes: _____

Camping is typically not allowed at The Meadows at Castle in the Clouds, as the field is not set up to accommodate such activity. An exception has been made for this special event. However, for the safety of all participants, the following guidelines and regulations will apply for this event:

NO Pets NO campfires at individual sites NO Portable grills Quiet Hours: 10pm-7am

Tents only (not provided). NO pop-ups or other types of campers. Cars will be parked in a designated area, not at individual campsites. Children under 18 must be accompanied by a parent or guardian at all times.

If at any time these rules are broken, said campers will be required to leave immediately.

I have read, understand and will abide by the above regulations: _____ (initial here)

I hereby agree to release, discharge and hold harmless, the Moultonborough Recreation Department, Castle in the Clouds, and / or Lakes Region Conservation Trust (LRCT), their employees and volunteers from any liabilities that may occur while participating in the recreational activity listed above. I understand that participation in any recreational program or activity involves risk. I further understand that the Moultonborough Recreation Department, Castle in the Clouds, and LRCT do not provide accident or medical insurance for its program participants. I give permission for the staff or volunteers of the Moultonborough Recreation Department, Castle in the Clouds, or LRCT to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. In the event that none of the before named relations can be reached I hereby give permission to the attending physician to administer care he/she deems necessary for the safety of myself or my child. I understand that it is my responsibility to disclose any medical conditions or medical information to the Moultonborough Recreation Department, Castle in the Clouds, or Lakes Region Conservation Trust. I give my permission to have photos taken during this program/event and understand they may be used for publicity purposes by the Moultonborough Recreation Department, Castle in the Clouds, or Lakes Region Conservation Trust. I have read this Indemnity agreement and understand its terms.

Signature: Participant or Parent/Guardian (If under 18)

Date

Registrations will be accepted in person at The Moultonborough Recreation Department and Castle in the Clouds, online at CastleintheClouds.org, or by mailing your registration and payment to Castle in the Clouds or Moultonborough Recreation. See addresses below.

Please make all checks payable to: Castle in the Clouds

In person or mailed registrations are not honored until a completed registration form and payment are submitted. (Online registrants will sign the reservation form at check in.)

Registrations sent by USPO, must be received by the deadline: June 13, 2019

For additional registration questions, please feel free to contact one of our offices below:

Castle in the Clouds
586 Ossipee Park Rd. PO Box 687
Moultonborough, NH 03254
603/476-5900
www.castleintheclouds.org
Contact: Stephanie

Moultonborough Recreation Dept.
10 Holland Street PO Box 411
Moultonborough, NH 03254
603/476-8868
www.moultonboroughnh.gov
Contact: Donna T