

Newtown Parks and Recreation

SUMMER 2024

Campers Name (Please print.): _____

Treadwell Day Camp Dickinson Day Camp Age Group: _____

Sunscreen/Bug Spray Release: I hereby give permission for Newtown Parks and Recreation to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child; as well as applying sunscreen to my child every morning. The Parks and Recreation is NOT responsible for lost or stolen bottles of sunscreen/bug spray. (Please label containers.)

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____