

SOUTHBRIDGE

SUMMER RECREATION PROGRAM WEEKS

The Summer Recreation Program is 6 weeks of recreational programs for children (ages 5 to 12 years) at West St. Elementary School.

Check the line for the weeks you want to register. Program is \$20 per week.

- _____ July 9th – July 12th : Wild West
- _____ July 16th – July 19th : Play Ball!
- _____ July 23th – July 26th : Nature Explorers
- _____ July 30th – Aug 2nd : Music Makers
- _____ Aug 6th – Aug 9th : Every Child is an Artist
- _____ Aug 13th – Aug 16th : Blast Off!

TIME: Mon-Th 8:30am –12:30pm. Each week includes themed games, activities and crafts. Each Thursday will be at the Andrew Petro Pool, 15 Randolph St

ONE APPLICATION FOR EACH CHILD PARTICIPATING (* Required information)

*Child's Name _____

*Date of Birth _____ *Age _____ **Children MUST be 5 years of age as of July 1, 2018**

*Guardian or Primary Care Giver _____

*Phone # 1: _____ *Phone # 2 _____

*Address _____

* Additional Emergency contact: _____ *Phone: _____

Please list any medical conditions or allergies the staff should be aware of:

**Please return the completed form and the total registration \$_____ (#weeks x \$20) to
Make checks payable to TOWN OF SOUTHBRIDGE**

Department of Recreation
Summer Recreation Program
153 Chestnut St.
Southbridge, MA 01550

Contact the Recreation Director, Steven Roenfeldt for more information on payment options.
508-764-6459 or sroenfeldt@southbridgemass.org



TOWN OF SOUTHBRIDGE
www.ci.southbridgema.us

**Town of Southbridge
Recreation / Volunteer Release Form**

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town of Southbridge.

I also agree to forever release the Town of Southbridge and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Southbridge voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of Southbridge voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in Town of Southbridge voluntary activities or recreation programs.

Name of Program: Summer Recreation Program

Location: West St. School, Andrew Petro Pool, and occasionally offsite

Participant or Guardian Signature: _____

Participant Name if Different than Above: _____

Date: _____

Sign here to give permission for your child to be photographed for our promotional purposes during the Summer Recreation Programs