

# RECREATION DEPARTMENT 2018

# FALL PROGRAMS

**Creative Writing and Crafting Workshop (grades 3-5)** African culture is rich in art and storytelling. In this workshop, we will explore the purposes of traditional African masks and the stories they are connected to. Participants will investigate African folk tales, create their own unique African mask and write an original story.

<u>Program Duration</u>	<u>Day of Week</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
3 Days	Mondays	October 15, 22, 29	Richardson Olmstead	3:05-4:05	\$55

Space is limited, please register early! The deadline to register is Friday October 5<sup>th</sup>

**Cross Country Running (grades 6-8)** This program will introduce young athletes, grades 6-8, to the sport of cross country running. The athletes should be able to run for a minimum of 10 minutes. Our goal is for the children to gradually increase their stamina and improve their running while most importantly having fun. The children will run on the fitness trail at the high school, Frothingham Park and will also run in the Town Forest. Meets to be announced.

<u>Program Duration</u>	<u>Day of Week</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Mondays, Wednesdays and Fridays	Sept 26 – Oct 29 No Practice Oct 8	Shed next to Middle School	2:45 – 4:15 pm	\$120

The deadline to register is Tuesday, September 18<sup>th</sup>

**Running Club (grades 3-5)** This popular program for grades 3 - 5 will include warm ups, running, running games and ending with stretching and a cool down. A Recreation Department staff member will meet students in front of the RO cafeteria and escort them to the Parkview field at dismissal. Please pick up at the field next to Parkview at 4:05pm.

<u>Program Duration</u>	<u>Day of Week</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Thursdays	Sept 27 – Oct 25	Parkview Field	3:05 – 4:05 pm	\$45

The deadline to register is Friday, September 21<sup>st</sup>

**Babysitting Course (grades 6-8)** The American Red Cross Babysitting Basics Course is designed for students ages 11 and older. This training provides the knowledge and skills necessary to safely and responsibly care for infants and children up to the age of 10, as well as to manage a babysitting business. The instructor is Mrs. Kelly, Health Educator at Easton Middle School & American Red Cross Instructor.

<u>Program Duration</u>	<u>Day of Week</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Tuesdays	Oct 9 – Nov 13 No class Nov 6	Easton Middle School (rm 222)	2:30 – 3:30 pm	\$50

Space is limited, please register early! The deadline to register is Friday September 28<sup>th</sup>

**First Aid and CPR (grades 6-12)** This American Red Cross course will teach students to recognize first aid and cardiac emergencies and take action. Students learn how to give appropriate care for different first aid emergencies and how to perform CPR. The instructor is Mrs. Kelly, Health Educator at Easton Middle School & American Red Cross Instructor.

<u>Program Duration</u>	<u>Day of Week</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
4 weeks	Tuesdays	Nov 20 – Dec 11	Easton Middle School (Rm 222)	2:30 – 3:30 pm	\$60

Space is limited, please register early! The deadline to register is Friday November 2<sup>nd</sup>

**Please complete the form on the reverse side, sign release, enclose a check payable to the Town of Easton and mail to the Recreation Department, 15 Barrows St. North Easton, MA 02356. For more information on programs, cancellations or to register and pay online, please visit [www.easton.ma.us](http://www.easton.ma.us) or call our new # 508-230-0690**

**Please keep program information, we do not confirm registrations.  
If programs fill up before the deadline, we will not accept additional registrations.**

PROGRAM(S) \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_  
(CHECKS MADE PAYABLE TO TOWN OF EASTON)

PARTICIPANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ *(if programs are cancelled we will email you, no phone calls will be made)*

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### **Town of Easton Voluntary Consent and Release Form (Children under 18)**

I, \_\_\_\_\_ the undersigned parent/guardian of \_\_\_\_\_, a

minor, do hereby consent to my child's participation in the \_\_\_\_\_ offered by the Town of Easton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the above-described voluntary activities occurring on the property of the Town of Easton's voluntary athletic or recreation programs/activities. I hereby forever, release, indemnify, defend, and hold harmless the Town of Easton against any and all legal claims of any nature or kind whatsoever 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 my child or property damage resulting from my child's participation in the Town of Easton's voluntary athletic or recreation programs/activities. 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 child's participation in these programs/events is voluntary and that my child and I are free to choose not to participate in said programs/events. By signing this Form, I affirm that I have decided to allow my child to participate in the above described Town of Easton's athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in the above-described voluntary activities. As parent/guardian of the above-named minor child, in any absence, I hereby authorize the Town of Easton to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the wellbeing of my child.

Signed: \_\_\_\_\_ Parent or Guardian of: \_\_\_\_\_

Dated: \_\_\_\_\_ Medical Insurance Policy No: \_\_\_\_\_