

EASTON RECREATION DEPARTMENT 2018

FULL DAY SUMMER PROGRAM

Ages 6-13

This program is held at the Easton Middle School. Each session includes one field trip, a day of swimming, sports, arts & crafts, movies and much more!

Children ages 14 & 15 can register for our Workreation Program training and assisting the Summer Program staff and training to possibly become a future counselor.



**New
Extended
Hours!!!!**

- Ages:** Children ages 6-13
Workreation Program for ages 14 & 15
- Location:** Easton Middle School
- Hours:** Monday-Friday, 8:30am-4:00pm ***New Extended Hours!***
We will be on sight for drop offs 8:30 - 9:00am and pick-ups 3:30 - 4:00pm
- Fee:** \$288.00/per session/per child ages 6-13
Workreation Program: \$144.00/per session/per child

Session Dates:

Session 1: July 9 – 13

Session 2: July 16 – 20

Session 3: July 23 – 27

Session 4: July 30 – August 3

Session 5: August 6 – 10

Session 6: August 13 - 17

!! Field Trip Dates and locations to be announced!!

Please complete the registration form completely, sign release, enclose a check payable to the Town of Easton and mail to Easton Recreation 15 Barrows St. N. Easton, MA 02356. Also, check the town website at www.easton.ma.us for cancellations, updates and new programs or to register and pay online!

Please register by Friday, June 8, 2018

Any questions please call 508-238-3084

FULL DAY SUMMER PROGRAM REGISTRATION FORM 2018

Program: (please check one) Full-Day Summer Program Workreation Program

Last Name: _____ First: _____ Middle Initial: _____

Please circle session(s) attending: 1 2 3 4 5 6 Amount enclosed _____

Email Address _____

Sex: M F D.O.B.: _____ Age at program: _____ Grade _____ Home phone: _____

Address: _____

Mother's name: _____ Father's name: _____

Mother's work phone: _____ Father's work phone: _____

Guardian's name if different from parent: _____ Guardian's phone: _____

EMERGENCY CONTACT: (Other than parent) Name: _____

Relationship to child: _____ Phone: _____

MEDICAL INFORMATION

Family Insurance Company: _____ Policy No: _____

Health history of child – please describe any conditions, which may limit your child's activity:

Allergic reactions: Bee Stings _____ Penicillin _____ Peanuts _____ Other _____

Will your child be taking medications while at the program? Yes No

If yes, please describe: _____ Dosage: _____ Time: _____

TOWN OF EASTON VOLUNTARY CONSENT AND RELEASE FORM (Students 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: _____