

## 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 Trips

Thursday 7/12 Movie and snacks at a local cinema  
Thursday 7/19 Altitude Trampoline Park, Avon  
Thursday 7/26 Paw Sox game, hot dog, chips, soda and a Paw Sox hat  
Thursday 8/2 Family Funway, Foxboro  
Thursday 8/9 Altitude Trampoline Park, Avon  
Thursday 8/16 CW Lanes, bowling, laser tag and lunch

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](http://www.easton.ma.us) for cancellations, updates and new programs or to register and pay online!

**Any questions please call 508-238-3084**

Program: (please check one)  Full-Day Summer Program  Workrecreation 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: \_\_\_\_\_