# Berlin Parks and Recreation Summer Fun Registration

**Participants Name:_____ Date of Birth:_____/_____/____ Age:____ Grade:_____ Gender: (Circle One) Male / Female**

| Primary Guardian: | Secondary Guardian: |
|---|---|
| NAME: FIRST: LAST: | NAME: FIRST: LAST: |
| STREET: | STREET: |
| TOWN: STATE: ZIP: | TOWN: STATE: ZIP: |
| HOME PHONE: OTHER PHONE: (WORK / CELL) | HOME PHONE: OTHER PHONE: (WORK / CELL) |
| EMAIL: | EMAIL: |
| EMERGENCY CONTACT (Other than Parent/Guardian): | HOME PHONE: OTHER PHONE: (WORK / CELL) |

| Location: | Week 1: 6/20-6/24 | Week 2: 6/27-7/1 | Week 3: 7/5-7/8 No Camp July 4th | Week 4: 7/11-7/15 | Week 5: 7/18-7/22 | Week 6: 7/25-7/29 | Week 7: 8/1-8/5 |
|---|---|---|---|---|---|---|---|
| **The Creek** at Pistol Creek** | Ĭ $60 Program<br>Ĭ Lucky Lanes *<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ JumpônôJammin*<br>Ĭ $30 Before/After Care | Ĭ $50 Program<br>Ĭ Flight Trampoline<br>Ĭ $24 Before/After Care | Ĭ $60 Program<br>Ĭ CT Sports Plex*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ CT Science Center*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ Nomads Adventure*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ Carmike Cinemas*<br>Ĭ $30 Before/After Care |
| **Clover Hill** At Percival/ Community Center** | Ĭ $60 Program<br>Ĭ Lucky Lanes *<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ JumpônôJammin*<br>Ĭ $30 Before/After Care | Ĭ $50 Program<br>Ĭ Flight Trampoline<br>Ĭ $24 Before/After Care | Ĭ $60 Program<br>Ĭ CT Sports Plex*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ CT Science Center*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ Nomads Adventure*<br>Ĭ $30 Before/After Care | Ĭ $60 Program<br>Ĭ Carmike Cinemas*<br>Ĭ $30 Before/After Care |

*__Field Trip cost__ $20 per trip, up to May 31st. Starting June 1st $25 per trip. Deadline to register for field trip is the Monday prior to your registered week. If you choose not to attend a field trip then the site will be closed on that day.
**Before/After Care will be held Monday-Friday from 8am-9am and 4pm-5pm. The fee is $30 per person, up to $60 per family ($24 per person July 5th -July 8th, up to $48 per family).

## RELEASE AGREEMENT

**THIS IS AN AGREEMENT FOR RELEASE, ASSUMPTION OF RISKS, CONSENT TO MEDICAL TREATMENT AND INDEMNIFICATION. IT AFFECTS YOUR LEGAL RIGHTS. YOU SHOULD READ IT CAREFULLY.** In consideration of my participation in the Town of Berlin Parks and Recreation Program (the ñProgramò), _____, _____, _____, _____, (the ñParticipantò) individually and/or by my Parent or Legal Guardian (either or both herein referred to as the ñReleaserò), on behalf of Participant, and Participantôs heirs and legal representatives, hereby releases the Town of Berlin, its officers, employees, agents and administrators from all loss of property, liability for injury, claims, causes of action, agreements, promises, damages, judgments whatsoever, which the Participant has or shall have, arising out of or related to participation in the Program and use of the equipment and facilities of the Town of Berlin and its vendors. Releaser is aware that there are risks and danger of personal injury and loss of property from participation in the Program, and Releaser acknowledges that participation in the Program is strictly voluntary and at Participantôs sole risk. Releaser hereby gives consent and permission to the Town of Berlin to obtain on Participantôs behalf emergency medical treatment in case of sickness, accident, or injury and to secure such medical attention at Participantôs expense. Releaser further agrees on behalf of Participant, Participantôs heirs and legal representatives to indemnify, hold harmless and defend the Town of Berlin, its officers, employees, agents and administrators from and against and in respect of any loss of property, liability for injury, claims, causes of action, agreements, loss, damages, judgments, costs, expense and attorneys fees whatsoever in connection with or arising out of Participantôs involvement or participation in the Program. The Parks and Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Parks and Recreation use only and may be used in future brochures, flyers, website and/or on the Department bulletin board, located in the Parks and Recreation Department office.

IN WITNESS WHEREOF, the undersigned certifies that he/she has read this Agreement discussed it with Town of Berlin staff and has voluntarily executed this Agreement on the day of , 2016

Signature_____ Date _____
Participant or Parent/Legal Guardian if under 18 years old

**If mailing please include a self addressed, stamped envelope for your receipt and send to: Berlin Parks and Recreation Department, 230 Kensington Rd Berlin CT 06037**