

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: _____	NAME: FIRST: _____	NAME: LAST: _____	NAME: LAST: _____
STREET: _____		STREET: _____	
TOWN: _____	STATE: _____	TOWN: _____	STATE: _____
HOME PHONE: _____	OTHER PHONE: _____	HOME PHONE: _____	OTHER PHONE: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____	EMAIL: _____
EMERGENCY CONTACT (Other than Parent/Guardian): _____		EMERGENCY CONTACT (Other than Parent/Guardian): _____	

Location:	Week 1: 6/18*-6/21 <small>*Program starts on Tuesday</small>	Week 2: 6/24-6/28	Week 3: 7/1-7/5 <small>No program July 4th</small>	Week 4: 7/8-7/12	Week 5: 7/15-7/19	Week 6: 7/22-7/26	Week 7: 7/29-8/2
The Creek at Pistol Creek**	<input type="checkbox"/> \$85 Program <input type="checkbox"/> \$24 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$85 Program <input type="checkbox"/> \$24 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care
Clover Hill At Percival/ Community Center**	<input type="checkbox"/> \$85 Program <input type="checkbox"/> \$24 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$85 Program <input type="checkbox"/> \$24 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care	<input type="checkbox"/> \$95 Program <input type="checkbox"/> \$30 Before/After Care

Cost includes special events, swimming and field trips. 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 8-9 a.m. and 4-5 p.m. The fee is \$30 per person, up to \$60 per family (\$24 per person June 18-21 and July 1-5, up to \$48 per family).
T-shirt size – please circle – YS YM YL AS AM AL AXL

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 "Program"), _____ (the "Participant") individually and/or by my Parent or Legal Guardian (either or both herein referred to as the "Releaser"), on behalf of Participant, and Participant's 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 Participant's sole risk. Releaser hereby gives consent and permission to the Town of Berlin to obtain on Participant's behalf emergency medical treatment in case of sickness, accident, or injury and to secure such medical attention at Participant's expense. Releaser further agrees on behalf of Participant, Participant's 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 attorney's fees whatsoever in connection with or arising out of Participant's 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 _____, 2019.

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

MEDICAL INFORMATION:

Doctor to Call: _____ Phone: _____ Hospital Preferred _____

Activities child does not have permission to participate in _____

Is the child on any long-term medication that we should be aware of? Yes ___ No ___

If yes, please specify _____

Does your child receive services through the Special Education Department at school? Yes ___ No ___

If yes, do you give permission for the supervisory staff to reach out to the Special Education Department to speak to the person(s) who works with your child to discuss any concerns/circumstances that can help us provide a better experience for your child? Yes ___ No ___

Other Special Needs: In order to better accommodate your child, please make us aware of any special needs your child may have, i.e. food allergies, other allergies. Please see the Site Director or Assistant Director to discuss any concerns you may have (**Note: The Parks and Recreation Department should be notified at least 2 weeks IN ADVANCE if your child will require any special accommodations**) _____

Please contact the Department with any special circumstances or health concerns of participant(s) medication, allergies, bee stings, seizures etc.

If your child needs to take medication, either prescription or over the counter, during the hours they are attending the Summer Fun program or if they need an epi pen, please fill out and return the Recreation Program Medication Information form. This form needs to be turned into the Parks and Recreation Department at least two weeks before your child attends and we are able to accept and/or administer the medication/epi pen. The form is available on the Town of Berlin website, under Parks and Recreation, in the office or can be emailed to you, please contact the office.