

BOXBOROUGH SUMMER PLAYGROUND – 2011

The Boxborough Recreation Commission will be conducting its popular Summer Playground Program in two separate sessions in July. The Program is open to all Boxborough children who will be 5 years old by September 1, 2011. The Program will consist of crafts, games and sports.

Session #1
Tuesday, July 5 - Friday, July 15
\$105 for 9 days

Session #2
Monday, July 18 - Friday, July 29
\$105 for 10 days

Summer Playground is conducted daily from 9:00 AM to 12 NOON. Summer Playground is held at FLERRA FIELD. The maximum family charge is \$315 for session #1 and \$315 for session #2. Additional children attend at no additional charge. No child will be denied the opportunity to attend due to inability to pay. The per child charge for both sessions is \$210.

IMPORTANT POINTS:

1. Complete a separate application for each child.
2. You may register a child for both sessions; however, we may have to restrict a child to one session due to over enrollment. **Assume that your child is registered as requested unless a member of the Recreation Commission, or Town, contacts you.**
3. All checks should be made payable to the TOWN OF BOXBOROUGH and returned with the completed application to the TOWN HALL, 29 Middle Road by **May 27, 2011.**
4. Do not return this application to a teacher or the office at Blanchard School.

ADDITIONAL INFORMATION:

- A. It is your responsibility to get your children safely to and from Flerra Field – the staff can not be responsible for children until they have checked in at the playground or after they leave the field.
- B. For the safety of the children, please stay in line and wait until you reach the designated area to drop off or pick up your children. Do not park unless you have business with the playground staff. This will help keep the children as safe as possible.
- C. If it is raining at 8:00 AM – that day’s session will be cancelled. There are no make up sessions.
- D. Please be prompt when picking up. All children have to be picked up by 12 NOON – the staff is off duty at noon and will be leaving.

RECREATION COMMISSION CONTACTS: “Buzz” Tremblay (263-7683) & Sue Reuther (266-1490)

Tear off and retain top portion for information purposes
Please use a separate sheet for each child

Medical authorization & physical condition identification:

I authorize whatever medical care may be necessary in the event of an emergency. It is my understanding that insurance is not provided by the Town of Boxborough, the Recreation Commission, its staff or volunteers for this program.

Child’s Name: _____ Telephone: _____

Street Address: _____; Grade Completed 6/11: _____; Birthdate: _____

Emergency Name & #: _____; E-mail address: _____

Medical Contact Information: (Physician name, telephone #; relevant medical information, i.e. allergies, **Special Needs**)

Check (“X”) the desired session: if requesting two sessions, indicate session preferences by a “1” & “2”

____ Session # 1 (July 5 thru July 15)

____ Session #2 (July 18 thru July 29)

NOTE: Please do not split sessions.

WAIVER: PLEASE COMPLETE THE WAIVER ON THE REVERSE SIDE

PARENTAL CONSENT
(Must be completed for student participation)

I/We, the undersigned parent or guardian of _____ (print name of child), (“my child”), a minor, do hereby consent to my child’s participation in the Town of Boxborough Recreation Commission sponsored program.

I/We also agree to forever release the Town of Boxborough, the Recreation Commission, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Boxborough from any an all claims, actions, rights of actions and causes of action, damages, costs, loss of services, expenses, compensation and attorney’s fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage, including clothing and personal equipment, from my child’s participation in the Town’s voluntary athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise to indemnify, reimburse, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney fees arising from personal injuries to my child or property damage resulting from my child’s participation in the Town’s voluntary athletic or recreation programs or administration of first aid.

I/We further affirm that I/we have read this parental consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child’s participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the Town’s athletic or recreation programs with full knowledge the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary Town athletic or recreation programs.

SIGNED: (print & sign)

Parent(s) or Guardian(s)

Participant Name (print)