



City of Beacon Recreation

# South Ave Summer Park Days

## Information and Rules for Participants.

### Please Read

This would be a traditional free drop-in park program for children to participate in activities throughout the day. Summer Park Days staff provide quality recreational experiences that promote creativity, teamwork and healthy lifestyles. Activities include organized sports, arts and crafts, games, team building and nutrition lessons. **Free lunch is not included this year, please pack a bag lunch.** **WE HAVE 15 PROGRAM DAYS, YOU CAN SIGNUP FOR 12.**

- Appropriate ages: Kindergarten thru Age 12
- Program is limited to 20 children per day
- July 15 to August 16
- Mon-Wed-Fri, 3 Days, 10am-2pm
- Drop In Park Program
- Sports-Games-Crafts
- Supervision of children is limited to equipment use and activities scheduled.
- Recreation Center Phone Number: 845-765-2470

### **Park Days a typical day;**

- **10:00am to 12:00pm- Play time! outdoor fun, crafts and creative time, and time on the playground.**
- **12:00pm to 12:30pm- Lunch break. PLEASE BRING LUNCH**
- **12:30pm to 2:00pm- Crafty time! We will get creative.**

### **South Ave Summer Park Days**

- South Ave Summer Park Days hours are from 10:00am to 2:00pm. If you are picking your children up it must be by 2:00pm. **The camp staff will no longer be on duty at the park after that time.** If your child does not walk/ bike it is your responsibility to be at the center at 2:00pm to pick up your child. Please be sure your child signs in with camp staff when they arrive and sign out when they depart.
- Park Days staff are present to maintain a safe and fun environment for all kids please be respectful and follow their instruction.
- The use of foul/ obscene language, wrestling/ horseplay and inappropriate behavior **will not be tolerated** at the South Ave Summer Park Days. If any of the above mentioned occurs, your child will be given a warning and you will be notified by phone. If there is a second occurrence the child involved will not be permitted back for the remainder of the program. This consideration is made at the discretion of the program staff.
- Please have your child leave valuables and video games at home, we are not responsible for lost or stolen valuables.
- All bikes must be placed in the bike rack during the duration of the South Ave Summer Park Days. It is recommended that they are locked up; we are not responsible for lost or stolen bikes.
- Have fun!

# South Ave Summer Park Days Information Form

*I have read and understand the  
Information and Rules for Participants and  
I have shared this info with my child*

Yes

No

## Participant Information

Child's Name:	Age:
School Attended: Grade in Sept.:	

## Parent/ Guardian Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	Email:	

## Emergency Contact Information

Contact:	Phone:
Alternate Contact:	Phone:

## Medical Information

Allergies, Existing Physical Conditions and/or Limitations:
Additional Info:

**MORE ON BACK**

Child's Name: \_\_\_\_\_

### South Ave Park Days

**Free lunch is not included this year, please pack a bag lunch.  
WE HAVE 15 PROGRAM DAYS, YOU CAN SIGNUP FOR 12**  
Please check the following weeks and days anticipate attending

Week	Dates	Program		
Week 1	_____ July 15 17 19	Mon 7/15	Wed 7/17	Fri 7/19
Week 2	_____ July 22 24 26	Mon 7/22	Wed 7/24	Fri 7/26
Week 3	_____ July 29 31 August 1	Mon 7/29	Wed 7/31	Fri 8/1
Week 4	_____ August 5 7 9	Mon 8/5	Wed 8/7	Fri 8/9
Week 5	_____ August 12 14 16	Mon 8/12	Wed 8/14	Fri 8/16

#### **WAIVER and RELEASE of LIABILITY**

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment and/or facilities to enable me to participate in outdoor sports activities, and/or transportation to and from such activities, I agree as follows:

I fully understand, acknowledge and agree that: (1) there are risks and dangers inherent in my participation in such activities and in my use of equipment and facilities provided; (2) these risks and dangers may be caused by the negligence of the City of Beacon, its officers, directors, employees and volunteers, the negligence of other participants, the negligence of others, and by accidents, breaches of contract, forces of nature, or other causes; (3) these risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my participation in these activities, I hereby assume all such risks and dangers and all responsibility for any losses and/or damage, whether caused in whole or in part by negligence of the City of Beacon, its officers, directors, employees or volunteers, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, action or losses for bodily injury, property damage, wrongful deaths, loss services or otherwise which may arise out of my participation in the proposed activities or use of equipment or facilities provided in connection therewith. I specifically understand that I am releasing, discharging and waiving any claims or actions I may have presently or have in the future for all actions, omissions or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

While participating in the forgoing activities offered by the City of Beacon, its officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

I further understand, acknowledge and agree that outdoor sports activities are an athletic activity and require a certain amount of physical fitness. I do not suffer from chronic wrist, arm, shoulder, neck, back, leg or knee problems, or if I do, I have consulted my physician before participating in the above mentioned activities. If I require medication for any reason, it is my sole responsibility to bring such medication with me when participating in the programs offered by the City and to inform the City of Beacon, its officers, directors, employees and volunteers of my condition before beginning the above mentioned activities.

I authorize and agree to use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include my image.

I have read the above waiver and release, and by signing it, agree it is my intention to exempt the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

PARTICIPANT NAME: \_\_\_\_\_

(FIRST NAME

MIDDLE INTIAL

LAST NAME)

PARTICIPANT ADDRESS: \_\_\_\_\_

(STREET

CITY

STATE

ZIPCODE)

PARTICIPANT DOB: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_