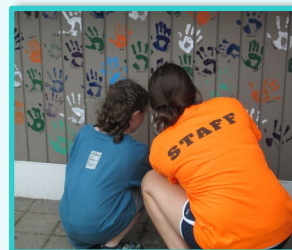


Sudbury Park & Recreation

Sudbury Summer 2014

Parent Packet

Please fill out and return by May 2nd!



40 Fairbank Road, Sudbury, MA 01776
(978) 443-1092

www.recreation.sudbury.ma.us

www.pool.sudbury.ma.us

www.inclusive.sudbury.ma.us

WELCOME LETTER & PARENT CHECKLIST

Dear Parents,

It's time to get in gear for another great year of Sudbury Summer! We are fortunate to have many returning staff from last year, including our Director, Larry Wolpe, as well as some energetic new staff! We are looking forward to a great summer and hope you are as well.

The purpose of this packet is to give you some general information about how the program is run, answer frequently asked questions, provide you with all required paperwork, and update you on the changes that will take place for this summer.

Please do the following things to help us:

- Read your Parent Packet
- Call when your child will be absent 978-639-3260 (camp office seasonal)
- Label all belongings
- Post Park & Recreation phone number 978-443-1092 at home and at work
- Keep us informed about any problems, changes in health or routine, or anything that might affect your child while in our care.
- Drop off and pick up on time or take advantage of our great Extended Day or Early Drop Off options

The deadline to submit all paperwork is FRIDAY, May 2nd or you may lose your spot. NO child will be allowed to attend camp without paperwork! We hope this will answer some of your questions and clear up any concerns. It's going to be a great summer!!

Thank you,

Sudbury Park and Recreation Staff (978) 443-1092

Fill out and
return by
May 3rd!

STATEMENT OF UNDERSTANDING

Enclosed are the necessary forms for my child's upcoming Sudbury Summer experience. I have completed and enclosed the:

- _____ **Statement of Understanding**
- _____ **Health History Forms (3)**
- _____ **Authorized Pick-Up Form**
- _____ **Letter to My Counselor**
- _____ **Buddy Choice & Photo**
- _____ **Swim Lesson Level Form**
- _____ **Physical & Immunization Form (provided by physician)**
- _____ **T-shirt size (circle one): Youth Small Youth Med Youth Large Adult Small**
- _____ **Field Trip Waiver (Mini Session Only)**



I understand that all paperwork, completed in its entirety, is due by May 3rd and that my child will not be allowed to participate at Sudbury Summer if the necessary forms have not been submitted.

I acknowledge that by having previously signed the enrollment application, I have agreed to the liability waiver and the fact that my child's picture may appear in promotional material.

I have also read and am aware of your policy regarding refunds (below). Included is the understanding that if my son or daughter is asked to leave, a refund is not available.

*Refund requests for all Park & Recreation run summer programs (Sudbury Summer, Sudbury Summer Inclusion, CIT, Preschool Pals, and Sudbury Adventure) must be made in written form and dated on or before June 15. **Refund requests made prior to June 15th will be assessed a \$25 withdrawal fee. After June 15th, no refunds for these Park & Recreation programs will be granted.***

Signature of Parent/Guardian

Date

**FIRST DAY OF NEW SESSION
DROP OFF PROCEDURES**

Sudbury Summer will begin earlier at 8:30am for the first Monday of each new session. This will allow parents to ask questions of our staff, and let the children get to know our staff before their day begins. We will also take the children on a tour of the camp to show them the facilities we will be using.

DROP OFF/PICK UP PROCEDURES (PHOTO ID)

Sudbury Summer **begins at 8:45am**. Please be sure to drop off your child at that time. Our staff needs the time before to set up for the program and the day's activities, so they cannot be watching children during this time. If you have to drop your child off early, please sign up for our early drop off program, which has staff already assigned to that sole responsibility. (Please see Early Drop Off/Extended Day Procedures for more information). Drop off and pick up will be by the beige equipment shed in front of the fenced in area.

When dropping off your child, please be sure to **SIGN IN**. Staff will be stationed at the sign-in area for any assistance. It is important that you adhere to the sign-in policy so we can accurately keep track of the children in our care.

Our Sudbury Summer Program **ends at 3:00pm**. Being prompt for pick up is extremely important. As in the morning, our staff are scheduled to be cleaning up and doing other duties. Please see late penalty procedure to the right.

You will pick your children up outside by the beige equipment shed. When you arrive, it is necessary to **SIGN OUT**. **Please bring your photo ID, photo ID is required for all pick up!** After signing out, walk through the double gate and then exit through the far gate.

These procedures are to guarantee the safety of your child. It may take a few seconds longer, but we feel it is worth it!

NO PETS

Because of the number of people at drop off and pick up, we ask that you leave your pets at home.

**EARLY DROP OFF/EXTENDED DAY PROGRAM**

Early drop off is from 8:00am-9:00am and extended day is from 3:00pm-4:00pm. The cost is \$40 for one session (two-weeks) of early or extended care, or \$80 for both options. Included in this packet is the **Early Drop Off/Extended Day** information. We will take registration online. We prefer that you register for an entire session of early and/or extended care. You save money too (a \$20 savings per session). However, if you wish to pay per day, you may. Early or extended care is \$5 per child per day. We encourage you to do this in advance. We will take same-day registration at the Atkinson Pool front desk only, **we will not be able to take same day registration at the check-in table.**

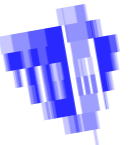
LATE PENALTY PROCEDURE

If a child is still here after the 3:00 pick up time, and they are not registered for late pickup, they will be added to the late pick up list and their parents will be given a slip to pay \$5.00 at the front desk for that day of late pick-up.

If a child is still here after 4:00 pickup time, beginning at 4:10 they will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

ABSENTEE PROCEDURE

You must call in if your child is going to be absent. We do not have a lot of time in the morning to contact you about their attendance. Please help us by letting us know when your child can't make it. All children must be accounted for. Please call Larry Wolpe, Camp Director at (978) 639- 3260. The office is open from 8:30-4:00pm, during other times you may leave a message.



SNACK

Snack is not provided at Sudbury Summer due to the high number of allergies. **Please send your child with his or her own snack and plenty of water.**

LUNCH

There is no refrigeration available. We ask that you keep this in mind when packing your child's lunch. Please do not pack items that will spoil in the heat (unless you send them in a small cooler with an ice pack). A sturdy lunch bag or box is best so lunches won't get crushed (although **bagged lunches are best for field trip days**). Be sure to pack a good size lunch, the children's appetites do seem to increase with the day's activities. Please tell your children not to share their lunches with other kids due to the high number of allergies. Lunches will be stored in large bins (1 assigned to each group) until it is time to eat.



WATER BOTTLES

Please include extra drinks (like water or sports drinks) to prevent dehydration. We recommend bringing a labeled water bottle that can be refilled in one of our many "hydration stations" during the day.



Helpful Hint: Freeze drinks the night before and they will remain cold for most of the day.

BATHING SUITS

Bathing suits are needed for all children. If your child has an early swim lesson, we highly recommend sending your child with their bathing suit, on under their clothing, to camp. Campers will have a swim lesson and a free swim period each day. For most groups, it is back to back and changing twice is unnecessary. Children will also need a towel. **Both the towel and swimsuit should have their name clearly written on the tags in case they get misplaced.**

FOOT WEAR

We suggest you **send your child in sneakers** because they will be doing a lot of running around. Sandals, flip flops, crocs, etc. can result in sore feet. For safety reasons, rubber-soled shoes or sneakers are preferred.



LOST AND FOUND

Our Lost and Found will be located outside by the gate during camp hours and near the Park and Recreation office after hours. You can't miss the heaping pile of clothes! Please do not send your child with any valuables—children will be moving from activity to activity which will increase the likelihood of belongings getting lost (especially on field trip days).

Once again, please label everything!!

CLOTHING

Our program philosophy supports active (and often messy) play. For this reason, we request that your child **wear comfortable play clothes to camp that you won't mind getting a little dirty.**

SUNSCREEN

Lather your child up with sunscreen before the start of the program. If necessary, your child can ask their counselor to reapply sunscreen that is brought in from home. Please put sunscreen in a small plastic bag labeled with your child's name. Hats are also a good idea to keep kids safe from the hot sun.

BEHAVIOR MANAGEMENT

The staff fosters good behavior by creating a trusting environment that promotes appropriate behavior. Time and effort is placed on anticipating behavior problems and creating an environment that helps avoid bad behaviors. Expectations are realistic and limits clearly explained and supported by the environment. When behavior problems occur, attempts are made to redirect the child to more appropriate behavior. Time is allowed for children to learn alternative behaviors and guidance is given in expressing emotions such as anger. In extreme cases, the child may need to be separated from the group for a "time out". Time out will be for a reasonable amount of time, appropriate to the child's age. The child will be supervised at all times. All discipline is adjusted to the individual needs and development of the child and is viewed as a learning experience, not as punishment. The camp director is notified whenever a behavior becomes hard to manage and/or when a parent must be notified of the child's behavior in a formal manner.

Please feel free to contact us before the start of camp if your child has any learning or behavioral concerns so that we can be prepared to make this a successful summer experience.

SPENDING MONEY

Please do not send in money for the days spent at the Fairbank Community Center since there isn't anything for them to buy. If your child needs to purchase a snack, please do so before or after the program hours. On field trip days, spending money is optional. Gift shops, snack shacks, and ice cream stands are sometimes part of the fun of our trips and groups will usually make time for them. Bringing large amounts of spending money is discouraged.





FIELD TRIPS & MOVIES

Every week we plan to go on one field trip to places such as zoos, parks, or museums. We understand the parental concerns regarding your child leaving the community center. However, we have planned extensively for these trips.

There is a 1:10 ratio of staff to child. **Each child MUST wear Sudbury Summer T-shirt on field trips** so their counselor can easily identify them. Staff will also have on their staff T-shirts so your child can quickly see where their counselor is. All of the staff will be equipped with their two-way radios to communicate with each other while off site. Larry Wolpe, our Camp Director, will attend all of the field trips along with our nurse, program specialists, and sometimes lifeguards, so it will not just be the counselors with the children. All of the places we will be visiting are experienced in handling school groups and we will have predetermined rules and procedures between both their staff and ours.



A TYPICAL DAY



Sudbury Summer runs on a block schedule. Children will be rotating indoors and outdoors for various programs and activities. In general, Sudbury Summer children move from activity to activity with their counselor and CIT.

Children have a swim lesson, free swim, arts & crafts, music & drama, sports, science, a free block (with their counselor), and of course lunch. The actual time schedule of these activities is different for each group because we are on a rotation system. There are also big events scheduled: field trips, presenters, and special surprises. On the first day of each session, you will be given a calendar outlining what is going on each day so you and your child can be prepared.



RAINY DAY PROCEDURE

If there is inclement weather, the Park and Recreation staff has a rainy day plan ready to go to keep your children active and still having fun even if it's not in the sun. We will have them rotating through our facility with their groups and counselor doing various activities such as sports in the gym, cooperative games, use of the swimming pool (unless the pool is closed due to thunderstorms), watching movies, doing scavenger hunts, arts and crafts, and board games—just to name a few. Just because it's a rainy day doesn't mean it's going to be a boring day! If the weather forecast calls for several days of inclement weather, we may plan an indoor field trip (to the movies or roller skating, for example) and your child will be sent home with a permission slip to be signed and returned.

The Atkinson Pool offers swim lessons to participants in the Sudbury Summer program.
To accommodate the wide range of swimming abilities, we have developed three different swim levels.

Please read the swimming level descriptions and place your child in the group that you feel best fits them. We ask that you identify your child's swim level as best you can. On the first day of each session, the pool staff will re-evaluate the placement of each child to ensure the best groupings. (If no level is indicated, your child will automatically be placed in the goldfish level on the first day for evaluation). **Please note: bubbles are not used during lessons.**

Please Note: our Mini Session does NOT include swimming lessons, but children will participate in free swim.

GOLDFISH



This level is for children who do not feel comfortable putting their face in the water and cannot swim or float without assistance for at least five yards.

Skills to be taught: Pool and water safety rules, floating on front and back, (with or without instructor's assistance), kicking on front and back, blowing bubbles, comfortably submerging face fully in water, the beginnings of front crawl stroke and back crawl stroke, jumping into water, bobbing, and changing directions while swimming.



STINGRAYS

This level is for children who enjoy going under water and who can swim the front crawl stroke and back crawl stroke without assistance for at least 10 yards as well as float on their front and back.

Skills to be taught: Elementary backstroke, jumping into deep water, bobbing, diving from wall, endurance to swim 10 yards of backstroke and 25 yards of crawl stroke with rotary breathing, breaststroke kick, sidestroke kick, open turns and deep water bobbing.

DOLPHINS



This level is for children that can proficiently swim the front crawl, back crawl, and elementary back stroke for 25 yards. They should also have some experience in the breast stroke and side stroke.

Skills to be taught: Breaststroke, sidestroke, flip turns, deep water bobbing, introduction to the butterfly stroke, surface dives, springboard dives, bilateral breathing, and swimming under water.

Child's Name: _____	Sudbury Summer Session: Mini I II III
Age: _____	Grade Entering (in Sept. 2014): _____
Swim Level (please circle): GOLDFISH STINGRAYS DOLPHINS	
What is your child's swimming ability? Excellent _____ Good _____ Fair _____ Non-swimmer _____	
Highest American Red Cross Certificate _____	
Additional Information that may be helpful for swim instructors to know about my child:	

RULES FOR POOL

Please be advised that during the camp's free swim, the children will be expected to follow all the pool rules as follows:

1. State Health Code requires that all persons MUST take a shower before entering the pool.
2. You must take off outside shoes before you enter the pool deck.
3. Safety First – NO running, splashing each other, boisterous or rough play, in the pool, shower area , locker rooms, or lobby.
4. NO throwing objects (or people) into the pool.
5. No food or drink, gum or candy allowed in the pool or locker room areas.
6. No glass containers permitted in the building.
7. Persons with open blisters, cuts, warts, poison ivy, and bandages are NOT allowed in the pool.
8. Children may NOT sit/stand on adult's shoulders.
9. Jumping in the pool is allowed when done facing forward with feet first entry. (No flips, spins, twist.)
10. Masks are NOT allowed.
11. You may bring your own goggles. (We are NOT responsible for any lost goggles)



FREE SWIM

After lessons, when children are in free swim, they will be asked to sit on bleachers before they get in the water to go over pool rules. At this time pool staff will remind them of the following camp rules and general pool rules:

- All children in Goldfish groups must wear a bubble during free swim in the designated roped off area, for the first day of each session
- If you need to leave for any reason, get a counselor.
- If you sat out of lessons, you will sit out of free swim.
- In order for children to use diving board they MUST be in a Sting Ray or Dolphin group and swim one length of the pool doing a proficient crawl stroke., and Tread Water for 1 minute. The dive well test will be given ONCE each camp session.
- One person on the diving board at a time.
- The next person in line may not go until the person before them has reached the ladder.

MEDICAL FORMS AND HEALTH ILLNESS INFORMATION

You must fill out the Park and Recreation Health History forms in this packet, provide a record of their most recent physical exam and immunizations dated within the past 24 months., and return all to Park and Recreation before Friday, May 2nd.

All medication will be stored in a locked, secure area. Leftover medication will be stored per instructions and returned to the parent. Our nurse will be at the shack during the morning hours to collect medications and answer any questions you might have. The camp nurse will contact you before the first day of camp regarding allergies or medications your child will need during camp hours. Our camp nurse will be the one administering the medications to the children at the appropriate times. If you have any questions please call 978-443-1092.

We realize, however, that illness is an unavoidable part of life, especially with young children in a group setting. When necessary, we may need to exclude a child from the program due to illness when he/she presents a health risk to other children and staff. If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. A rest area will be provided and the camp nurse or staff person will remain with the child at all times. The child will be provided with quiet activities while waiting for his/her parents. We realize that it is difficult for working parents to leave work for a sick child, but we take your child's best interest into consideration when calling you. You may wish to develop a plan for caring for a sick child prior to needing it. The following are some common illnesses encountered in camp and our policies concerning attendance with them:

- **Coughs/Colds:** Children with colds and coughs may attend camp as long as they feel well enough to follow daily routines (especially outdoor play). If a fever accompanies cold symptoms, the child must stay at home.
- **Fever:** A child with a fever over 100 should remain at home until the temp is normal for 24 hours.
- **Strep:** A child with a sore throat and a fever together should have a throat culture. The child should remain at home until he/she receives a negative culture, or has been on antibiotics for 24 hours.
- **Ear infections:** A child may attend camp as long as he/she is not experiencing great discomfort or fever. A note must be provided as to whether or not swimming lessons are allowed.
- **Rash:** Please notify your child's counselor and staff if your child has an existing rash when he/she comes to camp. The nurse will call the parents if a rash appears suddenly, spreads quickly, or is accompanied by other symptoms.
- **Vomiting:** A vomiting child must remain at home until he/she can tolerate a normal diet.

- **Diarrhea:** A child with diarrhea must remain at home until free of diarrhea for 24 hours.
- **Chicken Pox:** A child must remain at home one week after the rash appears or until all of the blisters have crusted over and dried. A note from the doctor will be required regarding the status of swimming for your child.
- **Conjunctivitis:** A child with conjunctivitis may return to the program the day after treatment has begun. If your health care provider chooses not to prescribe medication, you must bring a note from him/her stating that your child does not present a health threat to others. Note from doctor will be required regarding the status of swimming for your child.
- **Head Lice:** If your child has head lice they may not come to camp. The policy is that campers must be lice and nit free in order to be at camp. If lice or nits have been found in your child's head while at camp, as with any contagious disease, they will be isolated and sent home immediately. A child may return to the program after treatment and removal of nits. Upon return, campers must first be inspected by the camp nurse. The nurse will determine if they can return to camp.

General first aid will be administered during camp by the camp nurse. Minor cuts or abrasions will be washed, and a topical ointment and a band-aid will be applied.

Should your child contract any listed illness or any other contagious illness, please contact the camp at (978) 639-3260 as soon as possible.

EMERGENCY PROCEDURES

Emergency telephone numbers are posted at each phone. If a child is injured we follow this procedure:

1. If a child needs emergency medical attention, an ambulance will be called. A director or staff member will always accompany a child to the hospital. The child's medical forms will be brought, as they contain pertinent medical information.
2. If poisoning is suspected, poison control will be called.
3. The child's parent will be contacted. If a parent cannot be reached, we will contact the person(s) listed on the emergency form.
4. An accident report will be completed for any injury.
5. A copy of the accident report will be placed in the Park and Recreation office.
6. Parents will be notified of the minor accidents/injuries by the nurse at dismissal.
7. All injuries must be logged in the central log book with the camp nurse.
8. When on a field trip, a first aid bag will be prepared containing bandages, antiseptic, gauze, ice packs and a carrier bag for each group.

Sudbury Summer Sessions (please circle): Mini I II III

Health History and Examination Form For Children, Youth and Adults Attending Camps

FM 08N

Developed and approved by American Camping Association and American Academy of Pediatrics

The information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care. Health history (first three pages) must be filled out by parents/guardians of minors. Please also attach a copy of the participants most recent physical exam and immunization record, dated within the past 24 months (update required annually).

Name _____ Birth Date _____ Age _____
Last First Middle

Home address _____

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
-----------------------	-------------	--------------	------------

Gender: ☐ Male ☐ Female

Custodial parent/guardian _____ Phone _____

Home address _____				
(If different from above)	Street Address	City	State	Zip

Business Address _____ Phone _____
Street Address City State Zip

Second Parent or guardian or emergency contact _____

Address _____ Phone _____

Street Address City State Zip

Business Address _____ Phone _____

If not available in an emergency, notify:

Name _____

Relationship _____ Phone _____

Address _____

Street Address _____ City _____ State _____ Zip _____

Insurance Information

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name	Group#
--------------------------------------	--------

Important --- Theses boxes must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature of parent/guardian _____

Printed Name _____ Date _____

I give permission to arrange necessary related transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for our trips.

**If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide our health care personnel the background to provide appropriate care. Keep a copy of the

completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival. Provide complete information so that we can be aware of your needs.

ALLERGIES List all known.**Medication allergies** (list)

Describe reaction and management of the reaction.

Food allergies (list)

Other allergies (list) ---include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Our nurse will handle all medications during each

session. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

____ This person takes NO medications on a routine basis.

____ This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	18. Have an orthodontic appliance brought to camp?	_____	_____
3. Ever been hospitalized?	_____	_____	19. Have any skin problems (e.g., itching rash, acne)?	_____	_____
4. Ever had surgery?	_____	_____	20. Have diabetes?	_____	_____
5. Have frequent headaches?	_____	_____	21. Have asthma?	_____	_____
6. Ever had a head injury?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
7. Ever been knocked unconscious?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
8. Wear glasses, contacts or protective eye gear?	_____	_____	24. Have problems with sleepwalking?	_____	_____
9. Ever had frequent ear infections?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	27. Ever had an eating disorder?	_____	_____
12. Ever had seizures?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____			
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			
16. Ever had back problems?	_____	_____			

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware of.

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

The following people are authorized to pick up my child, _____ from Sudbury Summer. I understand that the Sudbury Park and Recreation Department is not responsible for any occurrences and/or accidents taking place off the Sudbury Summer program location (Fairbank Community Center). Please include any adults over age 18 living in your household (including yourself!).

*Please remember that all people listed as Authorized Pick Ups MUST come with a valid photo ID.

Signature of Parent/Guardian: _____ Date: ____/____/____

My child will be attending the Sudbury Summer Program during session:

I _____ II _____ III _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

Name: _____

Phone Number: _____

Relationship to Child: _____

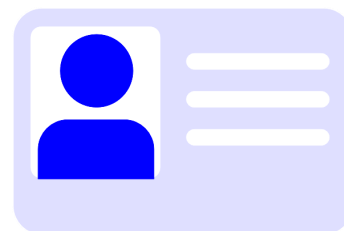
Name: _____

Phone Number: _____

Relationship to Child: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members.



TO BE FILLED OUT BY THE CAMPER!



My full name is _____ My friends call me _____

I will be attending the following sessions (please circle): **Mini** **I** **II** **III**

After this summer, I will be entering the _____ grade. This is my _____ year at Sudbury Summer.

The things I like to do **MOST** with my friends are: _____

While at Sudbury Summer, I would like to do the following activities (circle all that apply):

- | | | | | |
|------------------|--------------|---------------|------------------|----------|
| Arts/Crafts | Baseball | Basketball | Flag Football | Kickball |
| Lacrosse | Music/Drama | Nature | Playground Games | Singing |
| Soccer | Volleyball | Street Hockey | Swimming | Tennis |
| Ultimate Frisbee | Other: _____ | | | |

The things that I would **not** like to do are: _____

This summer, some of my other plans include: _____

I am a little worried about: _____

List the sports you play: _____

List the music you like: _____

What is your favorite thing to do in art? _____

Please feel free to include additional information that you would like to share with the camp staff about yourself or if you have any questions or suggestions.

Please try to pair my child with one of the following campers listed below in the same group.

***Please understand that groups are based on grade. Although we will do our best, it is NOT a guarantee that your “Buddy Choice” will be met due to grade restrictions, group size, etc. If no Buddy Choice is listed, we will try to place campers according to elementary school.**

Child’s Name

Age

Grade Entering (in Sept. 2013)

() -

School child will be attending

Phone Number

Mini Session:

1.

2.

3.

Session I:

1.

2.

3.

Session II:

1.

2.

3.

Session III:

1.

2.

3.



EARLY DROP OFF/EXTENDED DAY SIGN UP

EARLY DROP OFF: 8:00 - 9:00 AM

EXTENDED DAY: 3:00 - 4:00 PM

The cost is **\$40 per child, per session** for either early drop off or extended day, or **\$80 for BOTH options**.

We prefer that you register for an entire session of early and/or extended care. You save money too (a \$20 savings per session). However, if you wish to pay per day you still can. Early or extended care is **\$5 per child per day** and we encourage you to do this in advance. We will take same-day registration at the Atkinson Pool front desk only, we will not be able to take same day registration at the check-in table.

Counselor supervision will be provided for early and extended care, but no structured activities will be provided, it will be like recess. Please be aware that we cannot provide care any earlier or later than the scheduled times for this program - so please be prompt on pick up and drop off.

EXTENDED DAY LATE PENALTY PROCEDURE

If a child is still here after 4:00 pickup time, beginning at 4:10 they will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

REGISTRATION INFORMATION

NEW!! - Online registration is **STRONGLY RECOMMENDED** at www.recreation.sudbury.ma.us and is the **PREFERRED METHOD**. We accept **Credit Cards** online - Visa or MasterCard, online. We accept walk-in registration at the Atkinson Pool front desk as well. We accept **Cash, Check, & Credit Card in-house**.

REGISTRATION BEGINS: 9:00 AM on April 1st

Jump On In Waiver and Electronic Waiver Sign-up Sheet

☐ I am a Parent or Legal Guardian. Please enter the information below in the Jump On In waiver database.

Parent/Guardian Info:

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Email*	<input type="text"/>
Address 1*	<input type="text"/>
Address 2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text"/> Zip* <input type="text"/>
Phone*	<input type="text"/>
Mobile	<input type="text"/>

Child 1:

First*	<input type="text"/>
Last*	<input type="text"/>
Birthdate*	<input type="text"/> / <input type="text"/> / <input type="text"/>

Child 2:

First*	<input type="text"/>
Last*	<input type="text"/>
Birthdate*	<input type="text"/> / <input type="text"/> / <input type="text"/>

* Indicates Required fields

Waiver:

In consideration of being allowed to enter into the play area and/or participate in any parties or programs at Jump On In, I, on my own behalf and on behalf of the minor(s) identified below, acknowledge, appreciate and agree that: I assume full responsibility for all participants listed above.

I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately; and I understand that the risk of injury can be significant, including the potential for paralysis and even death, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist; and I knowingly and freely assume all risks both known and unknown, even if arising from the negligence of other participants.

Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Jump On In, their officers, agents, employees, other participants, and sponsoring agencies with respect to any and all injury, disability, death, or loss or damage to person or property to the fullest extent of the law; and by clicking Submit below for my children, and/or spouse.

I also agree to the above conditions, should I decide to participate. I understand that this waiver will be valid for a period of two years from today's date. I agree that any dispute will be settled by arbitration.

Parent/Guardian Signature: _____

Date: _____

Please include me in e-mailings for special offers, discounts, coupons, news, etc.

Accept Decline

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------