

# Sudbury Park & Recreation

## Sudbury Adventure 2015 Parent Packet

Please fill out and return by Friday, May 1st!



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

[www.youth.sudbury.ma.us](http://www.youth.sudbury.ma.us)

Follow us on Instagram at SudburyAdventure

# WELCOME LETTER & PARENT CHECKLIST

Dear Parents,

It's time to get in gear for another year of Sudbury Adventure! 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 and talk about all of the policies and procedures with your kids
- Call when your child will be absent 978-639 -3227 or email [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us)
- Label all belongings
- Post our 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 Early Drop Off option
- Please remember that the itinerary for the week may change due to weather, attendance or other factors beyond our control

The deadline to submit all paperwork is FRIDAY, May 1st or you may lose your spot. NO child will be allowed to attend camp without the paperwork being submitted!

We hope this will answer some of your questions and clear up any concerns. If there is something else we can help you with, please feel free to give us a call (978-639 -3227) or send an email ([youth@sudbury.ma.us](mailto:youth@sudbury.ma.us)).

Thank you,

Sudbury Adventure Staff

## PARENT CHECKLIST & STATEMENT OF UNDERSTANDING

Fill out and  
return by  
May 1st!

Enclosed are the necessary forms for my child's upcoming Sudbury Adventure Program experience.

I have completed and enclosed the:

- \_\_\_\_\_ Health History (3 pages)
- \_\_\_\_\_ Copy of most recent Physical (within the last 24 months)
- \_\_\_\_\_ Authorized Pick-Up Form
- \_\_\_\_\_ Buddy Request, T-Shirt Size Form & Participant Picture
- \_\_\_\_\_ Waiver Forms (at the end of the packet for Sessions 1, 3, 4 & 6)

I understand that all paperwork, completed in its entirety, is due by May 1st and that my child will not be allowed to participate at Sudbury Adventure Program 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. 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. Included is the understanding that if my son or daughter is asked to leave, a refund is not available.

Participant's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**FIRST DAY OF CAMP DROP-OFF PROCEDURE**

We invite parents to join us for the first 5-10 minutes of the first day of camp, though it is not mandatory. We will do staff introductions, go over rules and the structure of the camp and the planned activities. Once this is done we will break off into groups to play name games.

**DROP OFF/PICK UP PROCEDURES**

**The program begins at 8:45am.** The bus often leaves right after drop-off. We will leave by 9am and will not be able to hold the bus, so don't be late! **Drop off will be at the tent at Haskell field.** We will have check-in signs and greeters at the tent. Participants may do this on their own or parents may join them. Please make sure that your child has made contact with a staff member.

Our staff needs time before camp starts to set up the day's activities, so we cannot watch 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.

**The program ends at 4:00pm except on Tuesdays when we will return by 5:00pm.** Being prompt for pick up is extremely important. **You will pick your children up at the Beach Volleyball Court at the Fairbank Community Center.**

We ask that an adult checks your child out with our designated staff when their ride has arrived. If your child will be walking or biking home, please send a note or e-mail [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us) to give them permission to leave on their own.

**LATE PENALTY PROCEDURE**

If a child is still here after the scheduled pickup time, beginning at 4:10pm (or 5:10pm on Tuesdays) parents will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

**EARLY DROP OFF PROGRAM**

Early drop off is from 8:00am-8:45am. Early Drop Off is located at the beach volleyball court at the Fairbank Community Center. The cost is \$5 per child per day. You may pay in advance or sign up and pay on the day you need the extra care. A staff member will walk your child across the street to the tent at 8:45am. (See EARLY DROP OFF form on the last page of packet.)

**ABSENTEE PROCEDURE**

All children must be accounted for. Please call (978) 639-3227 or e-mail [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us) if your child will not be attending the program for the day. The office is open from 8:30-4:00pm, during other times you may leave a message.

**TRIPS**

Every week we go on 4 field trips to places like Canobie Lake, Water Country, the beach and Boston and more. We have planned extensively for these trips. There is a 1:8 ratio of staff to children. All participants have a staff member assigned to them who will travel with the kids wherever we go.

Before the start of each week an email will be sent out with details about the events planned for the week. We will include information about where we are going, what to bring and what to wear. There will be days that participants will be asked to wear their camp T-shirt.

T-shirts will be handed out on the first day of the program. Please ensure that your child wears their camp shirt on the designated days, this helps camp staff easily identify all of our participants.

**LUNCH/SNACK**

There is no refrigeration available. Please do not pack items that will spoil in the heat (unless you send them in a small cooler with an ice pack.) Be sure to pack a good size lunch. Please tell your children not to share their lunches with other kids due to the high number of allergies. Finally, please include extra drinks (like water or sports drinks) to prevent dehydration. Please send your child with a snack to eat. Snack is not typically provided due to the high number of allergies and parental concerns over what children are eating.

**BATHING SUITS**

Bathing suits are needed a few times a week depending on our destinations, please check the weekly email for specific details. You will also need to provide your children with a towel on those days.

**SUNSCREEN**

Your child should come to camp wearing sunscreen. It is also recommended that they bring some with them so that they can reapply it throughout the day. Hats are also a good idea to keep kids safe from the hot sun.



**CLOTHING & FOOTWEAR**

Our program philosophy supports active adventures. For this reason, we request that your child wear comfortable clothes to camp. Send your child in sneakers because they will be doing a lot of walking and running around.

Although sandals are cool, they can prevent kids from participating and can become uncomfortable after a long period of time. We will let you know in our weekly email when flip flops are encouraged.

**ELECTRONIC EQUIPMENT POLICY**

Children are allowed to bring electronic equipment (i.e. cell phones, iPods, cameras, and hand held games) however, we strongly recommend that they don't. The Sudbury Park and Recreation Department will not be held responsible for any lost, stolen or broken equipment. Cell phones can only be used with the permission of one of the counselors. Hand-held devices and iPods are only allowed to be used while participants are traveling on the bus.

**SPENDING MONEY**

Spending money is optional! Many of our trips take us to places where kids can buy snacks, lunches or souvenirs but it is the parent's choice as to whether or not you want your children to make those types of purchases. Bringing large amounts of spending money is discouraged. Many campers will bring money to buy lunch or a snack when we are out and about, however, a good portion of kids will bring a bagged lunch for the day. An email will be sent out prior to the first day of camp to indicate the days when bringing lunch from home is the only option and when buying snacks/lunch is available. We also encourage you to remind your children not to share or lend money to other campers because this can lead to awkward situations.

**RAINY DAY PROCEDURE**

If there is inclement weather, the Sudbury Adventure Program 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. Just because it's a rainy day doesn't mean it's going to be a boring day! If we know in advance that the weather is going to be bad, we will give parents an updated schedule of where we will be going and what we will be doing.

**NO PETS**

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

**BEHAVIOR MANAGEMENT**

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.

The staff fosters good behavior by creating a trusting environment that promotes appropriate behavior. 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. In extreme cases, the child may need to be separated from the group (time out). 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. All discipline is adjusted to the individual needs and development of the child and is viewed as a learning experience, not as punishment.

**MEDICAL FORMS**

You must fill out the Park and Recreation Health History Forms, which are available in this packet, as well as include a copy of your child's most recent physical (within the last 24 months.) This must be returned to the Park and Recreation Office **before Friday, May 1st**. You will receive a phone call from the camp nurse once this packet has been returned to us so that your child's needs can be discussed.

**ILLNESS INFORMATION**

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. Due to the nature of the camp it is very difficult for parents to come and get a sick child, so if your child is not feeling well in the morning, please do not send them for the day.

Thank you,

Sudbury Adventure Staff

**Sudbury Adventure Sessions (please circle):**

## June 29 -July 2

**July 6-10**

**July 13-17**

**July 20-24**

**July 27– July 31**

**Aug. 3-7**

**Aug. 10-14**

## 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 \_\_\_\_\_

*Street Address* *City* *State* *Zip*

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 photo-copied for our trips.

**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 \_\_\_\_\_

# AUTHORIZED PERSONS TO PICK UP CHILD

Fill out and  
return by  
May 1st!

The following people are authorized to pick up my child, \_\_\_\_\_ from Sudbury Adventure. I understand that the Sudbury Park and Recreation Department is not responsible for any occurrences and/or accidents taking place off the Sudbury Adventure program location (Fairbank Community Center).

Please include any adults over age 18 living in your household (*including yourself!*). To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child, such as carpool members. A written consent letter is required for pickup by anyone not on this list.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Mini Session \_\_\_\_\_ I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_ IV \_\_\_\_\_ V \_\_\_\_\_ VI \_\_\_\_\_

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:

---

---

---



# BUDDY REQUEST, T-SHIRT SIZE & PHOTO

Fill out and  
return by  
May 1st!

Please try to pair my child with one of the following campers listed below in the same group.  
It is NOT a guarantee that your "Buddy Choice" will be met.

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

Age \_\_\_\_\_

Grade in fall 2014 \_\_\_\_\_

Elementary School or  
Curtis Team for 2013-2014 \_\_\_\_\_

## Mini Session (June 29-July 2):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session I (July 6-10):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session II (July 13-17):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session III (July 20-24):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session IV (July 27-July 31):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session V (Aug. 3-7):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Session VI (Aug. 10-14):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**T-Shirt Size:**  
**(Please Circle)**

YL

AS

AM

AL

AXL



Please include  
a recent photo of  
your child here!

Each participant receives 1 T-shirt per summer.

Early Drop Off Registration

Registration for early drop off will begin on April 1st.

Online registration is **STRONGLY RECOMMENDED** at can be completed at [www.recreation.sudbury.ma.us](http://www.recreation.sudbury.ma.us) and is the **PREFERRED METHOD**. We accept **Credit Cards** online - Visa or MasterCard. We accept walk-in registration at the Atkinson Pool front desk as well. We accept **Cash, Check, & Credit Card in-house**.

**Early drop off: 8:00 - 8:45am**

Early drop off is 8:00-8:45am. The cost is \$5 per child per day.

The cost is **\$40 per child for 2 weeks if you register for Sessions 1 & 2 , Sessions 3 & 4 or Sessions 5 & 6 together.**

We encourage you to pay 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.

EARLY DROP-OFF**Mini Session**

M	T	W	T	F
29	30	1	2	X

**Session I**

M	T	W	T	F
6	7	8	9	10

**Session II**

M	T	W	T	F
13	14	15	16	17

**Session III**

M	T	W	T	F
20	21	22	23	24

**Session IV**

M	T	W	T	F
27	28	29	30	31

**Session V**

M	T	W	T	F
3	4	5	6	7

**Session VI**

M	T	W	T	F
10	11	12	13	14

Please note: Some activities require additional information, permission, or waivers beyond our registration process. You will be contacted should additional pieces of information is needed prior to a session beginning. Please refer to the next few pages for waiver that are necessary for SkyZone (Session 1, 3 & 6) and Jump On In (Session 3 & 6).

For Session 4-Indoor Rock Climbing at Boston Rock Gym. The activity requires a completed online waiver. The link is:

[Rock Climbing!](#)





# Sky Zone Westborough, MA Participant Agreement, Release and Assumption of Risk

Please print and fill out completely or complete electronically at [www.skyzone.com/westborough](http://www.skyzone.com/westborough)

## Parent/Guardian/Participant (if over 18):

First Name		Last Name		Birth date	
Street Address		Apt. #	City	State	ZIP
Cell Phone	Email			Emergency Contact Phone:	

In consideration of the services of D&S Entertainment LLC d/b/a Sky Zone Westborough and Sky Zone Indoor Trampoline Park, RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone LLC, their agents, owners, principals, directors, members, managers, officers, affiliates, volunteers, participants, employees, representative, agents and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "SZ"), I hereby agree on behalf of myself and my spouse, children, parents, heirs, assigns, personal representative and estate, as follows:

1. I am in good physical condition and able to use the SZ equipment or facilities and to participate in all SZ activities at my own risk. I have a reasonable basis for this opinion due to examination and/or consultation with my physician. I fully recognize that I am responsible for knowledge of my own state of health at all times.
2. I acknowledge that my participation in a SZ trampoline game or activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated.

**The risks include, among other things:** The use of trampolines entail certain risks that simply cannot be eliminated. Trampolines expose their participants to the risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists, ankles and legs, and can suffer more serious injuries as well. Traveling to and from trampoline locations raises the possibility of any manner of transportation accidents. Participants often fall on each other resulting in broken bones and other serious injuries. Double bouncing, more than one person per trampoline can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must be done at the participants own risk. There is also a risk of colliding with or being landed on by jumpers of a different size. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense. Furthermore, SZ employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's health or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

3. I acknowledge that I have read SZ's posted rules and regulations governing the use of the SZ equipment and facilities, and I agree that I will fully comply with these rules and regulations. I will likewise: (i) participate in all SZ activities at my own pace and at my own risk; (ii) use good judgment and not overexert myself while using SZ equipment and facilities; and (iii) follow any SZ instructions concerning the use of SZ equipment and facilities. If I have any questions regarding the use of SZ equipment or facilities, I will consult an SZ employee.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SZ from any and all claims, demands, or causes of action, which are in any way connected with my participation in SZ activities or my use of SZ's equipment or facilities including any such claims based upon damages caused or alleged to be caused in whole or in part by the negligent acts or omissions of SZ.
6. Should SZ or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in SZ activities, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
8. In the event that I file a lawsuit against SZ, I agree to do so solely in the state of Massachusetts, and I further agree that the substantive law of Massachusetts shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SZ on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

I further grant SZ the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/wards' name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I would like to receive free email promotions and discounts to the email address provided above. I may unsubscribe to emails from Sky Zone at any time.

**Participant/Jumper Signature (if 18 or older):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PARENT'S OR LEGAL GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of (print up to three minors' names/birthdates below of SAME parent or legal guardian):

Participant 1: First Name	Last Name	Birthdate
Participant 2: First Name	Last Name	Birthdate
Participant 3: First Name	Last Name	Birthdate

("Minor") being permitted by SZ to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SZRC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I further certify that I am the parent or legal guardian of the minor on this agreement.

**Parent or Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Legal Guardian's Print Name:** \_\_\_\_\_

Waiver accepted by: \_\_\_\_\_ (Sky Zone Employee)

# Jump On In

## Electronic Waiver Sign-up Sheet

### Parent/Guardian:

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"/>

### **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"/>
--------------------------	--------------------------

\* Required field



# SUDBURY ADVENTURE PROGRAM

Participants will get a chance to experience life outside of Sudbury. Each week there will be a variety of day trips.

One day of the week will be spent at the Fairbank Community Center with games, swimming, and a movie.

There will be a counselor-to-child ratio of 1:8

**Children Entering Grades: 6-8**

**Six 1-Week Sessions: Monday-Friday**

**Program Hours: 8:45AM - 4:00PM (Tuesdays until 5:00PM)**

**Cost: \$260 per child/session**

**Drop Off: Haskell Field Tent**

**Pick Up: Fairbank Community Center Volleyball Court**



## Session 1

July 6 - Bowling & Arcades

July 7 - Water Country

July 10 - Stay in Sudbury

July 9 - Beach

July 10 - Sky Zone Trampoline



## Session 3

July 20 - Jump On In

July 21 - Water Country

July 22 - Stay in Sudbury

July 23 - Movies

July 24 - Sky Zone



## Session 5

August 3- Kimball Farms

August 4- Water Country

August 5 - Stay in Sudbury

August 6 - Beach

August 7 - Jay Gee's



## Session 2

July 13 - Laser Quest

July 14 - Canobie Lake

July 15 - Stay in Sudbury

July 16 - Wayland Town Beach & BBQ

July 17 - Mel's Funway



## Session 4

July 27 - Indoor Rock Gym

July 28 - Canobie Lake

July 29 - Stay in Sudbury

July 30 - Beach

July 31 - Laser Zone



## Session 6

August 10 - Jump On In

August 11 - Canobie Lake

August 12- Stay in Sudbury

August 13- Movies

August 14- Sky Zone



\*\*\*Please note that the itinerary might change due to weather, attendance or other factors inhibiting participation in the activity.\*\*\*

**Registration begins on Wednesday, February 11th at 7:30pm for Sudbury Residents only**

**Online: [www.youth.sudbury.ma.us](http://www.youth.sudbury.ma.us) OR In Person: Atkinson Pool Front Desk**

**If you have any questions please contact**

**Brian Sullivan at (978) 639-3227 or [sullivanb@sudbury.ma.us](mailto:sullivanb@sudbury.ma.us)**