

BOXBOROUGH SUMMER PLAYGROUND – 2015

The Boxborough Recreation Commission will be conducting its popular Summer Playground Program in four separate sessions in July. The Program is open to all Boxborough and Acton children who will be 5 years old by September 1, 2015. The Program will consist of crafts, games and sports. We are introducing new summer programs for 2015.

Session #1
Monday, July 6 - Friday, July 10
\$87.00 for 5 days

Session #2
Monday, July 13 - Friday, July 17
\$87.00 for 5 days

Session #3
Monday, July 20 – Friday, July 24
\$87.00 for 5 days

Session #4
Monday, July 27 – Friday, July 31
\$87.00 for 5 days

Summer Playground is conducted daily from 8:30 AM to 12 NOON. Summer Playground is held at FLERRA FIELD, Boxborough. No child will be denied the opportunity to attend due to inability to pay. Please contact the Recreation Commission if you would like to discuss a maximum family charge, we would very much like to enable as many children to attend as possible.

IMPORTANT POINTS:

1. Complete a separate application for each child.
2. You may register a child for all 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.
4. Do not return this application to a teacher or the school office.

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 CONTACT: Boxborough Town Hall, Cheryl Mahoney
cmahoney@boxborough-ma.gov Phone: 978-264-1714

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 6/13: _____; Birth date: _____

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

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

Check ("X") the desired session

____ Session # 1 (July 6 thru July 10) ____ Session #2 (July 13 thru July 17)
____ Session #3 (July 20 thru July 24) ____ Session #4 (July 27 thru July 31)

WAIVER: PLEASE COMPLETE THE WAIVER BELOW

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE AGREEMENT

I/We, the undersigned _____
(father, mother or guardian - circle or insert legal relationship to student, e.g., "parent," "guardian")
of _____ a minor, do hereby consent to my child's participation in
(insert name of child)

(name of activity)

I/We also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Boxborough, the School Committee, 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, or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' 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 resulting from my child's participation in the said Town and/or Public School'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 and which 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 Releasees 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 attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town and/or Public Schools' 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 and/or Public Schools' athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary Town and/or Public School athletic or recreation programs.

Signed:

Parent(s) or Guardian(s) of

Student/Participant

This form may not be altered

For Office Use Only:

Amount Paid \$ _____

Waiver: _____

Authorization _____

Program Instructor/Director Gift Certificate/voucher Scholarship