



DANBURY PARKS & REC 2011

SAFE SUMMER XVIII



SUMMER PROGRAM FOR GRADES 6TH – 12TH (GRADE IN FALL 2010)
JULY 5th – July 29th, 2011 8:30 AM – 2:30 PM

REGISTRATION:

DATE: SATURDAY, JUNE 4, 2011

TIME: 9:00 AM - 12 NOON

LOCATION: HATTERS PARK BANQUET HALL, 7 EAST HAYESTOWN RD. DANBURY

COST: \$150.00 FOR 4 WEEK PROGRAM or \$80.00 PER WEEK

Note: Preference will be given to those that sign up for all four weeks

****DANBURY RESIDENTS ONLY – MUST SHOW PROOF OF RESIDENCY****

3rd QUARTER REPORT CARD, PROGRESS REPORT MUST BE PRESENTED AT REGISTRATION.

****REGISTRATION WILL CONTINUE AT PARK AND REC OFFICE, M-F, 9 AM - 3:00 PM.****

We will not accept mail-in registrations

****DEADLINE FOR REGISTRATION IS FRIDAY, JUNE 24, 2011 OR UNTIL FULL****

PROGRAM SITE: ROGERS PARK MIDDLE SCHOOL

SPORTS, ARTS & CRAFTS, PERSONAL DEVELOPMENT & WEEKLY TRIPS TO CANDLEWOOD LAKE

BREAKFAST AND LUNCH PROVIDED

***ADDTN'L CHARGES FOR FIELD TRIPS: SPLASHDOWN PARK & LAKE COMPOUNCE TRIP DUE AT REGISTRATION**

*These will be extended days. ***SPLASHDOWN PARK, July 12th, \$29. (3:00 PM) *LAKE COMPOUNCE, July, 19th \$33. (5:00 PM)***

ALL OTHER FIELD TRIP FEES COLLECTED 2 DAYS PRIOR TO TRIP

Trips are to be paid separately by check or cash. If you elect not to participate in out of town trips, please be aware the site will be closed for the day.

****PLEASE CONTACT THE PARKS & RECREATION OFFICE @ 203-797- 4632 WITH ANY QUESTIONS****

***REGISTRATION AND TRIP FEES ARE NON-REFUNDABLE AS OF JUNE 27, 2011* NO EXCEPTIONS**

*****VISIT OUR WEBSITE, www.danbury-ct.gov, TO DOWNLOAD REGISTRATION FORM*****

COME TO PARKS & RECREATION FREE MOVIE NIGHTS AT CANDLEWOOD LAKE

JUNE 30, JULY 9, 14, 23, RAIN DATE JULY 28TH MOVIES BEGIN AT DUSK

FOR OFFICE USE ONLY:
REGISTRATION TIME: _____

PAID WITH CHECK: AMOUNT AND NUMBER _____
PAID WITH CASH: AMOUNT _____

2011 SAFE SUMMER XVIII Registration Form

Child's Name _____
Last First Middle

Home Address _____
Street Zip Code

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Parent/Guardian Name _____ Phone (H) _____
Phone (W) _____

Email Address _____

Person having custody of child _____ Custody restraints Y _____ N _____

Person with permission to pick up child other than parents:

1) _____ Relationship to child _____ Phone _____

2) _____ Relationship to child _____ Phone _____

Who may NOT pick up child:

1) _____ Relationship to child _____

2) _____ Relationship to child _____

* * * * *

Please check off the sessions that your child will be attending:

Week 1: July 5 - 8	_____			**PLEASE NOTE:
Week 2: July 11 -15	_____	Splashdown Park Field Trip (3 PM)	_____	EXTENDED HOURS
Week 3: July 18 - 22	_____	Lake Compounce Field Trip (5 PM)	_____	FOR THESE TWO
Week 4: July 25 - 29	_____			FIELD TRIPS**

****Field Trips must be prepaid at Registration. 7/12 Splashdown - \$29, 7/19 Lake Compounce, \$33**

Trips are to be paid separately by cash or check.

**** If you elect not to participate in out of town field trips, please be aware the site will be closed for the day**

FOR OFFICE USE ONLY:

Child's Birth date _____ Grade entering next year _____ Age as of June 1, 2011 _____

* School attending Fall 2011 _____ Grade this year _____

T-Shirt Size _____ This year's Teacher's name _____

EMERGENCY / MEDICAL INFORMATION

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Parent/Guardian Name: _____ Phone (H): _____

Phone (C): _____

Emergency contact person(s) who are authorized to give consent in the event a parent/guardian cannot be reached:

1) _____ Relationship to Child: _____ Phone #: _____

2) _____ Relationship to Child _____ Phone #: _____

Allergies, Nosebleeds, Bites, etc.: [] yes [] no

If yes, please explain: _____

Does your child have any special needs or receive care for any special needs that we need to be made aware of? [] yes [] no

I certify that, to the best of my knowledge, my child is in good health and able to participate in the 2011 Safe Summer XVIII Program. In the event of an emergency, I understand that every effort will be made to contact the parent/guardian. In the event he/she cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery as deemed necessary for the child named above.

Insurance Coverage _____ Policy # _____

PARENT/LEGAL GUARDIAN AGREEMENT

I give full permission for _____ to attend the 2011 Safe Summer XVIII Program and participate in all activities including any off site trips. I have read the 2011 Safe Summer XVIII flyer and agree to abide by its rules. I authorize the use of photographs of my child for the use of promoting the 2011 Safe Summer XVIII Program. I understand that 2011 Safe Summer XVIII Program is not responsible for the personal property of campers. 2011 Safe Summer XVIII Program reserves the right to cancel or modify any session of camp.

NO REFUNDS WILL BE GIVEN AFTER JUNE 27th

I, the undersigned, understand and agree to adhere to the policy that in the event that disciplinary action must be taken it will at the discretion of the Site Director and the Office of Danbury Parks and Recreation. Actions will be in congruence with the Danbury Public Schools Disciplinary Procedures, a copy of which may be obtained upon request. In the event that your child is suspended or expelled from the program,

THERE WILL BE NO REFUNDS, INCLUDING ANY PREPAID TRIP FEES.

I have read all the information including the Emergency Medical Policy as well as the Parent/Guardian Agreement and agree to adhere to the above stated procedures.

Name of Parent/Guardian _____ Date _____

Signature _____