






Sturbridge Summer REC Program

Re-inventing Summer FUN!

The **Sturbridge Summer Recreation Program** is located at the beautiful Cedar Lake Recreation Area in Sturbridge, MA. The outdoor program runs for 8 weeks, **June 28 - August 19, 2021**. Weekdays, **8:00 AM - 2:00 PM**. This program is open to any Sturbridge resident (ages 7-14 years). Through our creative Art Leader, energized Play Leaders, patient Tennis Instructors and watchful Lifeguards, we encourage play through the following activities: Team Sports, Talent Shows, Field Trips, Water Games, Board Games, Hikes, Tennis, and Arts & Crafts. Free swim is offered daily and extended on hot days. ***Our summers are filled with themed weeks, surprise events and more!***

Important Information:

-  Children must be 7 years old as of June 1, 2021
-  **COST: \$150 for the first child, \$250 for two children, maximum of \$300 per family**
-  Applications will be accepted until June 25th at the program or at the Recreation Department Office (301 Main St) **Late fee of \$50 after June 25th**

ONE APPLICATION FOR EACH CHILD PARTICIPATING *MUST SIGN PARENTAL CONSENT ON BACK OF FORM*

Childs Name: _____

Parent/ Guardian: _____

Address: _____ Sturbridge/Fiskdale

Date of Birth: _____ Age: _____ Home Phone: _____

Mothers Work #: _____ Cell #: _____

Fathers Work #: _____ Cell #: _____

Email: _____ @ _____ Childs T-Shirt Size: _____

***Medical/social/behavioral conditions the staff should be aware of:** _____

Tennis Lessons Level (please circle):

Beginner Intermediate Advanced

THIS PROGRAM IS WEATHER DEPENDENT

On rainy days we will postpone until 10AM before beginning the program or cancelling due to inclement weather. Updates posted on Recreation website/ Facebook page

ALL REGISTERED SUMMER REC CHILDREN AGES 7-14 WILL BE EVALUATED ON SWIMMING CAPABILITIES

ALL APPLICATIONS MUST INCLUDE:

- A copy of the child's birth certificate
 - A current photo
 - Proof of residency
- Registration Fee (checks payable to Recreation Department)
- Must sign parental consent on back of form

Questions?

Contact the Recreation Director

508-347-2041

Looking for something for the younger kids? Check out the Mini Program for ages 3-6!



Want to check out the Program **before** signing up? Please make an appointment to visit the program before June 25th

Sturbridge Summer REC Mini Program

The **Summer REC Mini Program** is open to any Sturbridge resident ages 3-6. This program is offered twice this summer:

Session 1: July 26th- July 30th 8:00 AM to 10:00 AM.

Session 2: August 2nd- August 6th 8:00 AM to 10:00 AM.

Cost is \$60 per week. \$100 for two children or more, per week.
Children must be 3 as of June 1, 2021.



Children will participate in Arts and Crafts, Tennis, organized Games and free time on the Playground!

DON'T FORGET TO BRING A SNACK AND WATER BOTTLE

ONE APPLICATION FOR EACH CHILD PARTICIPATING (Mini Program)

Childs Name: _____

Parent/ Guardian: _____

Address: _____ Sturbridge/Fiskdale

Date of Birth: _____ Age: _____ Home Phone: _____

Mothers Work #: _____ Cell #: _____

Fathers Work #: _____ Cell #: _____

Email: _____ @ _____ Childs T-Shirt Size: _____

Please list any medical/social behavioral conditions the staff should be aware of: _____

Parental Consent, Authorization to Administer First Aid, Release from Liability and Indemnity Agreement

I/we, the undersigned parent or guardian (circle or insert legal relationship to child, e.g. , "parent", "guardian") of _____ (insert name of minor), a minor, do hereby content to my/our child's participation in voluntary athletic or recreation programs of the Town and or/public schools of Sturbridge (hereinafter "the town") and further authorize the administration of basic first aid to my child.

I/we also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or Public Schools of Sturbridge, the School Committee, and all their employees, officers, agents, board member's, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation program of the Town of 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/our child or property damage resulting from my child's participation in the said Town and/or public Schools voluntary athletic or recreation programs which I/we may now or hereafter has as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before of 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/our child property damage resulting from my/our child's participation in the Town and/or Public Schools of Sturbridge voluntary athletic or recreation programs or from the 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/our child's participation in these programs is voluntary and that my/our child and I/we are free to choose not to participate I said programs. By signing this agreement, I/we affirm that I/we have decided to allow my/our 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 form personal injuries and property damage my/our child or I/we may suffer in voluntary Town and/or Public School athletic or recreation programs.

I _____ Parent or guardian of _____ give my permission for my child to be photographed/ videotaped during the Sturbridge Mini & Summer Recreation Program.

Signature _____ Date: _____

Office use only: 1st child 2nd child 3rd child 4th child Date _____ Payment _____ # _____ Resident _____ Birth Certificate _____ Photo _____