






Sturbridge Summer REC program

Re-inventing Summer FUN!

The Sturbridge Summer Recreation Program is located at the beautiful Cedar Lake in Sturbridge, Massachusetts. The program runs for 8 weeks, beginning on **June 25th** and **ending August 16th**, from 8:00 AM- 2:00 PM. The program is open to any Sturbridge resident (ages 7-14 years). Free swim is offered from 12:00-2:00 every day, and extended on hot days. Through our creative Art leader, energized Play Leaders, patient Tennis instructors and watchful Lifeguards, we encourage play through the following activities: Team Sports, Nature Hikes, Talent Shows, Water Play, Board games, Tennis Lessons, and Arts and Crafts. Our summers filled with themed weeks, surprise events and more!

Important Information:

-  Children must be 7 years old as of June 1, 2018
-  \$125 for the first child, \$200 for 2 or more!! Late fee of \$50 after July 6th.
-  Applications will be accepted until July 6th at the REC or the Recreation Department Office located in the Center Office Building (301 Main Street) on the second floor

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: _____

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

Tennis Lessons Level (please circle):

Beginner, Intermediate, Advanced

NEW THIS YEAR: DELAYED OPENINGS!

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 Camp program for ages 3-6!



Want to check out the Program **before** signing up? Feel free to come down and check us out anytime June 25th- June 29th!

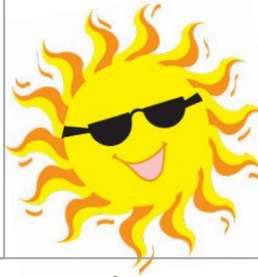
Sturbridge Summer REC Mini program

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

Session 1: July 16th- July 20th 8:00 AM to 10:00 AM.

Session 2: July 23rd- July 27th 8:00 AM to 10:00 AM.

Children must be 3 as of June 1, 2018. \$60 for 1 child, \$100 for 2



The 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 _____