

Hampden Memorial Park Summer Activity Program 2023

Registration form, payment and a **physician signed medical form** (on backside of this form) must be submitted to the Parks & Rec office **BEFORE** any child is allowed to attend the program.

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Home Phone: _____ Emergency/Cell Phone: _____

Parent(s)/Guardian: _____ Email: _____

Person(s) authorized to pick up Attendee: _____

Allergies or Special Needs: _____

Please circle week(s)/days attending					
July 10,11,12,13,14	July 17,18,19,20,21	July 24,25,26,27,28	July 31 August 1,2,3,4	August 7,8,9,10,11	August 14,15,16,17,18
Superheroes Week	Pirate Week	Olympics Week	Holiday Week	Water Week	Carnival Week

Registrations/payments **will not** be accepted at the Memorial Park Summer Program.

Registrations/payments **MUST** be made at the Parks office by **WEDNESDAY** of the week **PRIOR** to the session your child would like to attend or your child will not be allowed to attend.

Payment **MUST** be made at the time of registration; we cannot reserve a spot without payment.

Cost: \$140/wk – 1st child
 \$110/wk – 2nd child
 \$100/wk – 3rd and any additional children

Out-of-Town Residents: \$20 surcharge per family per summer

Register by day: Cost \$35 per day

If registering by day, please submit registration form the week prior to day attending

Program

Includes: Arts and Crafts, Field Activities, Games, Science & Nature, Spray Park & Playground

Hours: 8:30AM – 2:30PM (*No supervision provided outside of Summer Program hours.*)

Ages: Groups are divided by ages: 4&5, 6&7, 8&9, 10-13 and could be further divided as necessary.

Items Needed: Children should bring a snack, lunch, and drink (no refrigeration or snack bar). Each child should bring a bathing suit, towel, sweatshirt. Please dress appropriately for the weather, as the program runs rain or shine. Sneakers are required. Parents are also required to apply sunscreen on their child prior to the start of camp each day and send a bottle of water in with their child every day.

Rules: Parent/guardians must read the Memorial Park Summer Program Policies and Procedures. Please be on time to pick up your child.

*******PARENT MUST SIGN CHILD IN AND OUT EACH DAY*******

At the discretion of the Program Director, children misbehaving may be asked to leave.

For further information contact the Parks and Recreation Department, 625 Main St., Hampden, MA 01036 at 566-2151 X108, or email parks@hampdenma.gov.

I, _____, promise to be on my best behavior while attending the Hampden Memorial Park Summer Activity Program.

How did you hear about the Memorial Park Summer Program?: _____

HAMPDEN MEMORIAL PARK HEALTH FORM

Name: _____
Age: _____ D.O.B _____
Parent/Guardian: _____ Phone: _____
Address: _____
Family Doctor: _____ Phone: _____
Address: _____ City/State: _____

HAVE OR SUBJECT TO (CHECK IF YES)

___ Asthma ___ Inhaler ___ Fainting Spells ___ Convulsions ___ Diabetes
___ Heart trouble ___ Bee sting reaction ___ Epi-pen ___ ADD/ADHD

Sports Restrictions (describe) _____

Other Restrictions (describe) _____

Allergy/Reaction to any medications or foods (describe) _____

___ Check here if none apply

HAVE DIFFICULTY WITH (CHECK IF YES)

___ Eyes ___ Ears ___ Nose ___ Digestion ___ Throat ___ Lungs

ANY CONDITION REQUIRING REGULAR MEDICATION:

Name of medication: _____

Check if had:

___ Measles ___ Chicken pox ___ German measles ___ Diphtheria ___ Whooping cough ___ Mumps

RESTRICTIONS OF ACTIVITY FOR MEDICAL REASONS _____

IMMUNIZATIONS: Please fill in DATE of last inoculation-DO NOT WRITE- "up to date"

Tetanus Toxoid: ___/___/___ Measles: ___/___/___ Polio: ___/___/___ Mumps: ___/___/___

German Measles: ___/___/___ Diphtheria ___/___/___ Pertussis: ___/___/___

Date of last physical exam: _____

(must be within 1 year of camp attendance)

PHYSICIANS SIGNATURE: _____

PARENT'S AUTHORIZATION:

This health history is correct to the best of my knowledge. My child has permission to participate in all activities, except as noted by me above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician, selected by the Recreation Department, to provide emergency treatment to my child.

(Parent's Signature)

(Date)

Hampden Memorial Park Summer Activity Program 2023 Waiver for Activities

Child's Name: _____ Parent(s) Name(s) _____

Address: _____ Email: _____

Phone: _____ Emergency Phone: _____

Release from Liability and Indemnification

I agree to waive and release the Town of Hampden, the Parks and Recreation Department and their employees and agents, whether paid or voluntary, the Recreation Association of Hampden ("RAH"), and their members from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court cost arising of me or my child's participation in the Town's Summer Program activities or any illness/injury resulting there from, and hereby agree to indemnify and hold harmless the Town of Hampden or their agents from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of Hampden, it's employees, officers, or agents from any liability resulting from my (or my child's) participation in any sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept these dangers. I understand that if I am (or my child is) injured, this waiver will be used against me and anyone else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver.

I hereby represent that: I understand and am familiar with the nature of the activities in which I (or my child) will participate in this Parks & Recreation program, that I (or my child) am in good physical health, and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my (or my child's) ability to participate in this activity. **I have personally read and understand this waiver.**

In case of emergency, I give my permission for emergency medical treatment.

This form shall be considered valid until cancelled or changed in writing by the undersigned parent/guardian/participant and received by the Town of Hampden Parks and Recreation board. My signature acknowledges that I understand and agree to the above conditions.

Release: For promotional purposes, photos may be taken of my child and put on the Hampden Parks and Recreation website or in printed material. I understand it is my responsibility to notify the Hampden Parks and Recreation Department in writing as well as the director/counselors and photographer if my child is not to be photographed.

Signature of Parent/Guardian: _____ Relationship to participant: _____

Full Printed Name: _____ Date: _____
