

# Conyngham Park Program 2018

*June 25th – August 3rd*

**Monday through Friday 9:00 am to 12:00 noon**

The fee for the program will be **\$120.00 per child Non-Refundable** for 6 weeks, regardless of how many days per week your child attends. Parents must pay for the program at the time of registration.

**NO registrations will be accepted after MAY 29th.**

## **Program**

The program will include a variety of arts and crafts, games, athletics activities, story time, theme days, special events, and guest speakers. We encourage dressing the children appropriately for the outdoor activities. *Please have your child/children wear sneakers every day.* **ABSOLUTELY NO FLIP-FLOPS!**

## **Age Requirements**

Children must be at least **five years old (by JUNE 1<sup>st</sup>)** and no older than **twelve years of age**. **NO EXCEPTIONS!** BIRTH CERTIFICATE REQUIRED!

## **Rain**

In the event of rain, the program will be cancelled for the day. Should it begin raining during the program, parents are asked to pick up their children immediately!

## **Hours**

The program runs from **9:00 am to 12:00 noon**. Parents are asked to drop off their children **no earlier than 8:45 AM and pick them up no later than 12:15 NOON**.

- All children must be signed in and out daily by an adult. Upon sign-in, the staff will need to know who will be picking your child/children up for that day.

## **Guest Speakers**

There will be several guest speakers joining us throughout our 6 week program.

## **Lunch/Snack**

Lunch will be provided daily by the Hazleton Area School District. Children are also welcome to bring their own lunch/snack if they choose to do so.

This program is being offered through the cooperation of the Borough of Conyngham. All activities will be held at Whispering Willows Park.

Our child-staff ratio is 7 to 1. Any concerns/complaints should be addressed with the director the same day. All staff members wear uniforms marked **STAFF**.

**CONYNGHAM CHILDREN'S RECREATION PROGRAM  
REGISTRATION FORM**

Personal Information

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Medication \_\_\_\_\_

Emergency Contact Information

Name/Relationship to Child \_\_\_\_\_

Primary

Phone Number \_\_\_\_\_

Secondary

Phone Number \_\_\_\_\_

Physician Information

Child's Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**FEE: \$120.00 FOR SIX WEEKS NON-REFUNDABLE**

**RULES**

1. Pick up children promptly at 12:00 p.m. No exceptions.
2. Please dress in appropriate clothing (shorts, T-shirts, socks and sneakers).
3. Children are expected to listen to the Director and Aides at all times.
4. No program on rainy days – no refunds.

I have read and understand the rules of the Park Program. I give my consent to have my child/children enter the Conyngham Recreation Program and understand that the cooperating authorities and owners of Whispering Willows Park and the Conyngham Recreation Board will not be held responsible for loss of property, nor injury or death due to accident.

Parent's signature \_\_\_\_\_

**PRESS RELEASE**

I hereby give permission for the Conyngham Recreation Board to use my child's name or photographs in news releases about the Conyngham Park Program in which he/she is participating.

Parent's signature \_\_\_\_\_

I hereby give my child permission to walk to and from the Park Program on his own (must be over age 8).

Parent's signature \_\_\_\_\_

**CONYNGHAM BOROUGH YOUTH PARK PROGRAM**  
**PARENTAL PERMISSION TO PARTICIPATE AND**  
**RELEASE FROM LIABILITY**

I, \_\_\_\_\_ hereby give permission to my son/daughter,  
\_\_\_\_\_, to participate in the Conyngham Borough Youth Park  
Program.

In consideration of being allowed to participate in the Program as administered by the Borough of Conyngham, Luzerne County, Pennsylvania, including all related events and activities, I, intending to be legally bound, acknowledge the following:

1. I acknowledge and fully understand that my child will be engaging in various activities, including sports and general recreation that may involve risk of injury, and that there may be other risks not known to us or not reasonably foreseeable at this time.
2. That we assume all of the foregoing risks and accept personal responsibility for any damages following injury, disability or other implications.

\*We hereby release, waive and discharge the Borough of Conyngham, Luzerne County, its administrators, council, agent, servants, workmen and/or employees from demands, losses or damages on account of injury to person or property caused or alleged to be caused, in whole or in part, by negligence or otherwise.

The undersigned has read the above Waiver and Release and understands that substantial rights may be given up by signing the same and, notwithstanding, they sign it voluntarily.

\_\_\_\_\_  
Signature

\*I give permission for sunscreen/first aid to be applied to my child/children.

\_\_\_\_\_  
Signature