

Conyngham Park Program 2019

June 24th – August 2nd

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

The fee for the program will be **\$130.00 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. Check payable to Conyngham Borough.

NO registrations will be accepted after MAY 31st.

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 1st)** and no older than **twelve years of age**. **NO EXCEPTIONS! BIRTH CERTIFICATE REQUIRED!**

Rain

In the event of rain, the program will be held at the CVCO Recreation Center.

Hours

The program runs from **9:00 am to 12:00 noon**. Parents are asked to drop off their children **no earlier than 9:00 am and pick them up no later than 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 and CVCO. All activities will be held at Whispering Willows Park and CVCO Recreation Center.

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 _____

email _____

Birth Date _____

Age _____

Allergies _____

Other Medical Conditions _____

Medication _____

Emergency Contact Information

Name/Relationship to Child _____

Primary

Secondary

Phone Number _____

Phone Number _____

Physician Information

Child's Physician _____

Physician's Phone Number _____

Fee: \$130.00 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.

I have read and understand the rules of the Park Program. I give my consent to have my child 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 photograph 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/her 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