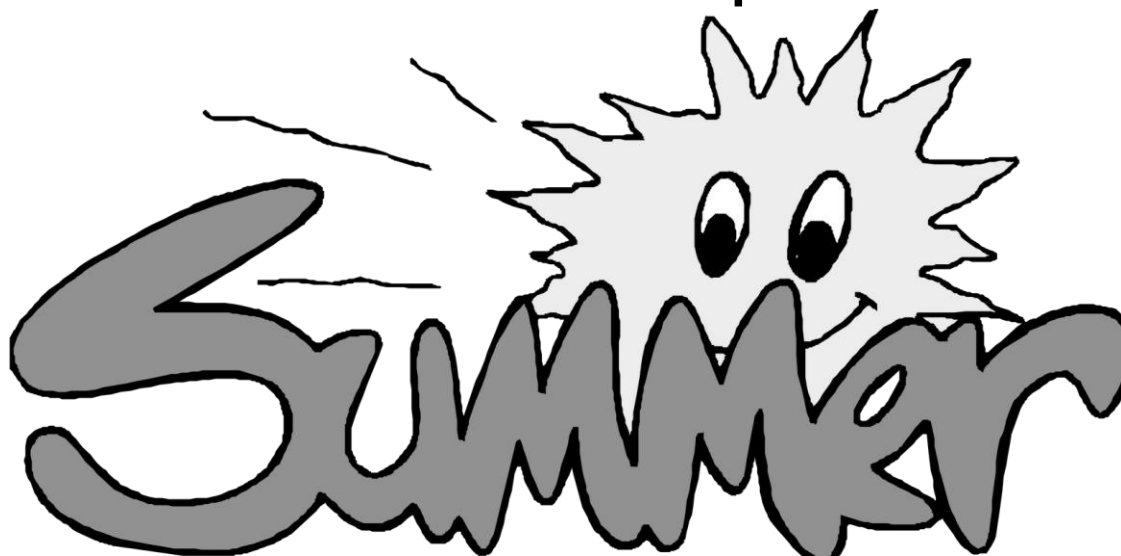


# Bernardston Recreation Department 2018



To Register in Person:  
Sign Up **Wed. May 16** or  
**Thurs. May 17**

**5:30 to 7 pm at Town Hall**

OR **Mail** to Recreation, Town Hall, PO Box 504, Bernardston, MA. 01337,  
OR **drop off** at the Town Hall, Mondays through Thursdays, 9 a.m. to 4 p.m.

[Rec@townofbernardston.org](mailto:Rec@townofbernardston.org) 413-648-5416

<http://www.town.bernardston.ma.us/>



**Get in on the Fun!**  
**PLAY \* CREATE \* EXPLORE \***  
**INVENT \* GET WET \* MAKE**  
**FRIENDS \* READ \* RUN \* THROW \* CATCH \***  
**SWING \* LAUGH**



Program Themes, Games, Sports, Walks, Library Visits,  
 Creative Activities, Playground Time, More!

**WHEN: 5 Weeks, Starts June 25. TIME: 8:00 am to 4:00 pm\***

\*prompt pick-up is required-additional fee will be charged for late pickup

**WHERE: Bernardston Elementary School- Outdoors and in**

**FOR: Children who are at least going into Kindergarten, through Grade 6**



Bernardston Summer Recreation Program  
**General Information: Please read carefully**

Each Child **must be pre-registered** with the Recreation Department  
*before* he or she may participate in the program.

Payment due at Registration



Checks payable to Bernardston Recreation Dept.

**Drop-in attendance is not permitted. Each child must be registered in advance.**

Fees: **\$100 per week per child.** LATE registrations will be accepted base on space availability. *Per Diem attendance **only** with advance registration and day(s) specified in advance. Daily fee is \$25 per day per child.* We **must know in advance** so we know how many children and staff to plan for.

**Forms** must be filled out by a parent & **returned prior to attendance.** See Pages 3&4.

**FINAL DAY FOR ACCEPTING REGISTRATIONS IS JUNE 14th**

**ON THE NEXT PAGE, PLEASE NOTE WHICH WEEKS YOU ARE REGISTERING FOR. Example: under Wk #s, write in 1,2,4,5**

Use the Week #'s below to indicate which weeks your child(ren) will attend. \$100/week /child

**Week # 1:** June 25-29      **Week # 2:** July 2\*- 6 \*no program on Wed. July 4<sup>th</sup>

**Week #3:** July 9 - 13      **Week # 4:** July 16-20      **Week # 5:** July 23-27

Fill out BOTH sides, cut and return pgs. 3-4 to Recreation Department

**MAIL or DROP OFF this form with payment to Address on Front**  
 Town of Bernardston, MA. Summer Recreation Program Registration Form  
 Please **PRINT** all information on both sides & sign where required.  
 (see previous page for Week numbers and corresponding dates)

Please print legibly Participant Name(s)	M/F	Program		Entering Grade	Week #s
		Age	Date of Birth		
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____

Total Number of Weeks \_\_\_\_\_ at \$100.00 = \$ \_\_\_\_\_ .00

**And/or** Total Number of Weeks \_\_\_\_\_ at \$ 25 .00 = \$ \_\_\_\_\_ .00 **TOTAL\$** \_\_\_\_\_ .00

Please list separately if more than 1 phone/cell #; use Area Code **if not** 413

Parents/Guardians \_\_\_\_\_

Name \_\_\_\_\_ Tel. Home \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Tel. Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact is Required:** Please Inform persons you designate & let them know what you would like them to do in the event they are contacted in an emergency.

Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Parent/Legal Guardian MUST Complete all information and sign below, in ink:**

Primary Physician: \_\_\_\_\_ Phone \_\_\_\_\_

List Child(ren's) Name(s), allergies or any existing medical conditions that would affect his/her participation in this program. If necessary, attach additional paper:

**Waiver of Liability:** I/We the undersigned parent/guardian, give my/our permission for my/our child to participate in any and all activities included in the Bernardston Recreation Commission's Summer Recreation Program. I/We understand that not all coaches and recreation staff may be certified in CPR and First Aid and also may not have formal training in teaching and/or coaching method. I/We consent that in the event of an emergency, and in my/our absence, my/our injured child will be transported to the emergency room at Franklin Medical Center, or other medical facility as determined by emergency personnel, and consent to any and all medical treatment deemed advisable by the hospital staff. I/We understand and agree that the town of Bernardston, PVRs School District, BES, and any of their assigns, agents, employees, and any designated staff/instructor for this program will not be liable to me or my/our child for any claims, actions, suits or harm that may arise out of, or in any way related to, my/our child's participation in this recreation activity.

**Parent/Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2018 **OFFICE USE ONLY below this line** \_\_\_\_\_

Rec'd. By \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2018 Total Paid \$ \_\_\_\_\_ Cash / Check # \_\_\_\_\_

**Special Notes:**

Watch for other information that will be sent home as needed. \*  
\*Remember to sign & return permission forms **in advance** of all field trips.



- \*Dress your child for the weather & for active play.
- \*Sunscreen is recommended, as are shoes that are appropriate for play on all kinds of surfaces.



**Permission slips** will be sent home for Field Trips, & **must** be completed & signed by parent, and **returned before your child may attend** any trip. . [Town Hall is Closed on Fridays]



**Photo Release:** I hereby give my permission for the child(ren) registered for this program to be photographed to help promote Bernardston Recreation Programs-  
**circle one:** YES NO

**Child Release Form: Town of Bernardston Summer Recreation Program**

I give my permission to the staff of the Bernardston Summer Recreation Program to release my child(ren) (NAME(s)) \_\_\_\_\_ to the following people in my absence. I understand that until the staff becomes familiar with this list, a photo identification may be asked for before my child is released. I also understand that regardless of who is picking up my child, that my child will not be released without an adult coming into the building to sign him/her out. I also understand that if in the event that my child will be leaving earlier than scheduled and/or if someone other than myself or those listed below, are to pick up my child, a note must come in the morning of the program and given to a staff member. I understand my child will not be released without a note to an adult not listed below.

NAME	Relationship to Child
1.) _____	_____
2.) _____	_____
3.) _____	_____
4.) _____	_____
5.) _____	_____

*Be sure to keep this list up-to-date if you make any changes.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2018

Other Information you'd like us to know: \_\_\_\_\_  
\_\_\_\_\_