

# CHESTER SUMMER RECREATION PROGRAM

## 2010

Welcome to the 2010 Chester Recreation Summer Program. The summer program is open to Chester children ages four (by January 1, 2010) and potty trained through 8<sup>th</sup> grade (entering the 8<sup>th</sup> grade in fall 2010). Please take the time to read this packet of information and feel free to ask for clarification if needed. There are certain rules and regulations explained in the packet that will be strictly adhered to. You are responsible for knowing and following this information.

This year the Summer Program will again be headed by Lindsay Murray. Lindsay has been active in Chester programs since 2001. She is a graduate of Southern NH University in Elementary Education and currently works as a second grade teacher in Manchester. She has coached recreation basketball since 2001 and was director of the Recreation DREAM After School program from 2004-2008.

Assistant Director Laura Read, returns to us this year as well. Laura stepped in last year and made a great addition to our team. Laura is a Chester resident and teaches Kindergarten in Salem, NH. Laura begins her second year with Chester Recreation and we are glad to have her back with us.

The Recreation program is proud to announce that it will be returning almost all of our staff for this summer. They have been very loyal and dedicated to make our program run smoothly. As you can see we have a great staff and we look forward to a great year!

The 6-week program runs Monday through Friday from 8:00 a.m. to 12:00, noon, beginning Tuesday, July 6<sup>th</sup> and ending on Friday, August 13<sup>th</sup>.

This year we are again proud to offer a **full day program** to those students entering first through eighth grade. The program will run 8:00 am to 4:00 pm. There may be a few exceptions to these times due to field trips.

The registration fee covers activities, equipment, t-shirt, and supervision,.. Please note that children must be registered at least **one calendar week** before any field trip. Not registering prior to this will result in a \$10.00 late fee to cover staffing costs. A trip registration form can be found at the back of your packet and may be turned in at anytime prior to the trip, following the above stated rule.

**The intent of the Recreation Department is that no child be eliminated from ANY program due to a financial hardship. If any parent feels they cannot afford to send their child, please contact Steve Moltenbrey at the Recreation Office. Steve will have the Recreation Department assess the situation and arrange for your child to attend. All such requests are confidential.**

Registrations may be returned to the Recreation Department or they may be mailed to: Chester Recreation Department, 84 Chester St., Chester, NH 03036.

Please make checks payable to: Chester Recreation Department.

**Fees:**

	<b>1<sup>st</sup> Child</b>	<b>each additional child</b>
<b>6 weeks Half Day 8am-12pm</b>	<b>\$150.00</b>	<b>\$135.00</b>
<b>6 Weeks Full Day 8am -4pm</b>	<b>\$395.00</b>	<b>\$355.00</b>

**Additional Fees:**

Late Pick-up fee: \$5.00 for first 15mins \$1.00 for each additional minute.

Late Field Trip Registration fee: \$10.00 if register less than a week prior to trip

Anything extra on field trips that are not covered by The Recreation Department (food, video games, etc)

The cost of field trips are not covered by The Recreation Dept. and must be paid in full one week prior to the trip to ensure that we have enough participation.

**Medical Information:**

Please be aware that when children play, cuts, scrapes and accidents do happen. We require an emergency information sheet for every child in the program. One copy of the form will be kept with the supervising director and another on file.

At no time will a Recreation Department staff member give any form of medication.

If your child requires medication during the program hours, you must arrange to administer the medication. Likewise, the Recreation Department does not permit any child to have any medication with them. The only exceptions to this rule are an inhalers and "Epi-Pens". We do ask that the Supervising Director be notified if the child has an inhaler. All "Epi-pens" will be kept in the office first aid area or with properly trained leaders on trips.

As Summer Director, I would appreciate being made aware of any condition such as ADHD, seizure potential or any other disability that may affect your child's enjoyment of and full participation in the program. Please understand that the supervising director of your child's group and I will hold this as confidential information as required by all appropriate State and Federal laws.

### **Drop Off – Pick Up:**

A parent must check in the child/children upon arrival each morning. Before leaving for the day, every child must check out with the staff. No child may leave the program area during the day unless his/her parent reports to the supervising director before leaving. An adult must check them out, in person. We cannot permit the children to go directly to a car for pickup.

We insist that children are picked up on time, as many of the program staff must leave for a second job. We will be enforcing the late pick-up fee. If you are 15 minutes late, you will be charged \$5.00. After that, it is \$1.00 per minute.

Any time someone other than a parent is picking up your child, we must have a note stating who that person is and his or her phone number. We will ask to see picture identification before releasing the child/children to him or her.

Bicycles may be ridden to the program, however once the child arrives, the bike is to be parked and locked until the end of the program day. If this becomes a problem, your child will lose the privilege to ride his or her bike. A permission slip must be signed for all walkers and bike riders. One slip may be submitted to cover the duration of the program.

### **Inappropriate Behavior:**

If at any time during the program, a child is observed by staff to be exhibiting inappropriate behavior, an action will be taken. The program director will assess the situation by speaking to the child and those who witnessed the behavior. If necessary, the child will be given one warning and parents will be notified. If any type of inappropriate behavior occurs again, the child may be excused from the program. The registration fee will not be refunded.

### **Rain Days:**

If it is raining at 8:00 a.m., the program *may* be canceled for the day. If it is a light mist and the forecast indicates a clearing trend, we will begin the program. In the case of severe storms, the children will be taken indoors. We will make every effort not to cancel the program due to weather. Our philosophy is to only cancel if the weather poses a risk to the children's health and safety

If it is raining and it is a scheduled field trip day where the activity is indoors, the trip will be held as usual. If it is an outdoor activity the trip will be postponed and be re-scheduled if possible.

If there is a question on cancellation, please call the Summer Recreation number, 603-785-1765, for confirmation no earlier than 7:30 am on program days or one-half hour before a trip departure time. Updates will also be posted on the Chester NH Recreation page on FaceBook®.

### **Field Trips:**

All children who will be attending field trips must sign up for the trip no later than one calendar week before the trip. If you do not sign up by this time, you will be charged a \$10.00 fee to participate. Some trips will be optional as there will be a program held at the camp with staff supervision. Field trips have a scheduled departure time; we will not wait for any late arrivals. To do so would take time away from the enjoyment of the activity for other children. Plan to arrive 15-30 minutes before departure time.

Fees for trips are not included in the Summer Program registration fee. Field trip cancellations are made before the bus must leave the garage. The decision must be made early in order to avoid being charged for bus rental.

All field trips will have bus transportation provided and **will leave from Wason Pond**. All children must travel to and from the trip on the bus. Due to arrangements at facilities, all participants must arrive together in order to be admitted as part of the group. All children must stay with their assigned chaperone for the duration of the trip.

### **Snacks:**

There will be a snack period each morning. Your child may provide his/her own snack or purchase one from the concession stand. The cost of snacks and drinks is generally \$.25 to \$1. For the safety of all participants we insist that there be no glass containers. It is recommended that children bring a water bottle with them daily. An opportunity to refill water bottles will be provided to campers.

### **Lunch:**

Campers who attend the full-day program must provide their own lunch. Campers will be brought to the tent for lunch at 12. Lunches may be stored in the refrigerator in the office.

### **Volunteers:**

Counselors-in-Training: If you have a 14 or 15 year-old child and he/she would like to receive community service hours, they are welcome to volunteer their time at the program. Notify the Recreation Coordinator, Steve Moltenbrey at 887-5773.

Donations of used but not abused equipment and craft supplies are always graciously accepted.

**Saturday August 14<sup>th</sup> : 2010**

Once again, we are planning a Luau. We are asking for donations of meats, rolls, condiments, chips, drinks, salads, desserts, and paper products. We will be sending home a form the end of July to see how many will be attending.

If you have any questions, please call 887-5773 and we'll get back to you as soon as possible.

From the 2010 staff and Recreation Department, we are looking forward to a safe, sunny, fun filled summer. Thank you for allowing your child to spend it with us.

Last Name

## **REGISTRATION**

Name of child (children) and t-shirt size:

<b>NAME</b>	<b>SHIRT SIZE</b>	<b>NAME</b>	<b>SHIRT SIZE</b>

Please register the above listed child (children) for the following weeks of the summer program. Registering for less than six weeks does not reduce the price of the summer program. This information is used for staffing and planning purposes.

Full Six-week program -or- (circle all that apply)

July 6-9

July 12-16

July 19-23

July 26-30

Aug 2-6

Aug 9-13

### **Fees:**

	<b>1<sup>st</sup> Child</b>	<b>2<sup>nd</sup> and additional</b>
<b>6 weeks Half Day 8am-12pm</b>	<b>\$150</b>	<b>\$135</b>
<b>6 Weeks Full Day 8am -4pm</b>	<b>\$395</b>	<b>\$355</b>

**PARENT CHECKLIST** to be sure all forms have been completed and signed:

- Registration form
- Waiver form
- Emergency Information (One form for each child registered)
- Photo release form
- Permission to ride or walk

## PHOTO RELEASE PERMISSION

I, \_\_\_\_\_, give permission and consent for the Chester Recreation Department to use photographs of my child/children,

\_\_\_\_\_ ,  
to be taken during activities of the Summer Recreation Program. I further give permission and consent for any such photographs to be published and used for Recreation Department purposes only. Use of such photographs may include, but is not limited to, advertising and publicity of the Program. The main purpose of the photographs shall be for emergency identification.

- Permission is granted to use photograph for all Department purposes.
- Photograph is to be used for emergency identification only.
- I will supply the picture.

Last Name

**PERMISSION TO WALK or RIDE A BICYCLE**

I, \_\_\_\_\_, give permission for my  
child/children \_\_\_\_\_, to:

- Walk to the Recreation Summer Program at the Wason Pond Recreation Area.
- Ride his/her bike to the Recreation Summer Program at the Wason Pond Recreation Area.
- Further we agree that when he/she/they ride a bike to the program it will remain parked in the specified area and locked until the end of the program day.

_____	_____
Camper	Date
_____	_____
Camper	Date
_____	_____
Camper	Date
_____	_____
Camper	Date
_____	_____
Parent/Legal Guardian	Date

Last Name

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of the permission granted to the participant(s) named below to participate in the Chester Summer Recreation Program, I/we shall release, waive, discharge and covenant not to sue the Chester Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in the death of the named participant, whether caused by the negligence of the Chester Recreation Department, its agents, employee or otherwise while the named participant participates in the Chester Summer Program.

I/we further agree to indemnify the Chester Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Chester Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments against the Chester Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of named participant whether or not caused by the negligence of the Chester Recreation Department, their agents, employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Chester Recreation Department that to the best of my knowledge, my child is in proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any person providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parents/legal guardians, the undersigned, have read this release and understand all this terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

Participant's name	Age	Date of birth
Participant's name	Age	Date of birth
Participant's name	Age	Date of birth
Participant's name	Age	Date of birth

Parent(s)/Legal Guardian(s) names \_\_\_\_\_

Work phone & extension \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home address \_\_\_\_\_

Work name and address \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION** Separate sheet for each Camper please

Child's full name	
Date of birth	
Home address	
Phone	
Parent's names	
Father's employer & work phone & cell number	
Mother's employer & work phone & cell number	
Insurance company	
Policy number & phone	
Emergency contact (1)	
Emergency contact (2)	
Child's physician name & phone	
Allergies	
General medical history	
Date of last tetanus shot	
Hospital of choice	

In case of an accident or serious illness, I request the Recreation Commission contact me. If the Recreation Commission or its authorized representative is unable to reach me, I hereby authorize the Recreation Commission or its authorized representative to contact the physician listed and to follow his/her instructions. If it is impossible to contact this physician, the Recreation Commission may make whatever arrangements necessary.

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 Signature of Parent/Legal Guardian

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 Date

**MEDICAL ALERT INFORMATION**

Last Name

Parent/Legal Guardian Signature

Date

**EMERGENCY INFORMATION** Seprate sheet for each Camper please

Child's full name	
Date of birth	
Home address	
Phone	
Parent's names	
Father's employer & work phone & cell number	
Mother's employer & work phone & cell number	
Insurance company	
Policy number & phone	
Emergency contact (1)	
Emergency contact (2)	
Child's physician name & phone	
Allergies	
General medical history	
Date of last tetanus shot	
Hospital of choice	

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\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

MEDICAL ALERT INFORMATION
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**EMERGENCY INFORMATION** Separate sheet for each Camper please

Child's full name	
Date of birth	
Home address	
Phone	
Parent's names	
Father's employer & work phone & cell number	
Mother's employer & work phone & cell number	
Insurance company	
Policy number & phone	
Emergency contact (1)	
Emergency contact (2)	
Child's physician name & phone	
Allergies	
General medical history	
Date of last tetanus shot	
Hospital of choice	

In case of an accident or serious illness, I request the Recreation Commission contact me. If the Recreation Commission or its authorized representative is unable to reach me, I hereby authorize the Recreation Commission or its authorized representative to contact the physician listed and to follow his/her instructions. If it is impossible to contact this physician, the Recreation Commission may make whatever arrangements necessary.

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 Signature of Parent/Legal Guardian

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 Date

**MEDICAL ALERT INFORMATION**