

TOWNSEND RECREATION

RECKIDS PM

WAKE UP, SHAKE UP with Reckids

Contact: Director, Emy Hoff
Sr. Staff, Evan Shine
Rec Center: 274 Main St, Townsend MA 01469
Phone: 978-597-1700 ext 1745, 1746
* cell ph #s upon request

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eshine@townsendma.gov

Date:

The Townsend Reckids program is a sole purpose (child fun) program sponsored by Townsend Recreation designed to serve primary play interests and needs of the participants. The Townsend Reckids program is located and supervised at the Townsend Recreation Center at 274 Main St. Townsend MA 01469. Pre-registration is required.

Wake up & Shake up is a sole purpose (child fun) program sponsored by Townsend Recreation designed to focus on movement and mindfulness, and serving the social interests of the participants and the needs of the community. Wake Up & Shake Up is located and supervised at the Townsend Recreation Center at 274 Main St. Townsend MA 01469. Pre-registration is required.

* Additional locations may be used according to need.

NOTIFICATIONS WILL BE MADE VIA Email and/or Website/ FB post.

Participant NAME- first & last	birthdate	23/24 Grade	SCHOOL ATTENDING

PARENT/GUARDIAN NAME:	PARENT/GUARDIAN NAME:
ADDRESS:	ADDRESS:
EMAIL:	EMAIL:
PH:	PH:
CELL:	CELL:
Emergency contact- NOT PARENT/GUARDIAN	Emergency Contact phone number:

ALLERGIES:	MEDICATIONS:

	Program	QTY	Fee Total	Dates~days or wk (if applicable/ known)
\$188.00	Reckids 10 Day Pass			
\$120.00	Wake Up Shake Up			
\$288.00	COMBO 10 Day pass			
\$385.00	½ Day BUNDLE**			Dates- Early Release: 10/04, 11/20 & 21, 12/6, 3/18 & 19, 4/3, 5/24, last day of school Late Start: 1/10, 2/7
\$50 ER	Individual 1/2 Day			Half Day Program times- ER: bus drop off- 5pm, LS: 645am - bus pick up
\$45 LS	Individual 1/2 Day			
\$235.00	February Break 4 days: 2/20-23 2024			
\$235.00	April Break Week 4 days: 4/16-19 2024			
\$65.00	February & April Break Daily 2024			please list dates

** BUNDLE includes all dates listed; deadline to register 9/20/23 --- Individual 1/2 Days; please circle dates purchasing

CHECK/ MONEY ORDER:

~ mailed to Townsend Recreation, 272 Main St. Townsend MA 01469

~ in person at The Rec Center, 274 Main St, Townsend MA 01469 Payable to

"TOWNSEND RECREATION" OR by cash

In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the below releases/ waivers, Recreation policies, Code of Conduct and Parent Handbook.

This program is offered by the Town of Townsend Recreation Commission to all Townsend and surrounding community residents and their children. By signing your name hereunder, you hereby release the Town of Townsend, its agents, officials, and employees from any and all liabilities, damages, and causes of action which may arise from your/son(s)/daughter(s)/ child(rens) participation in this program.

Medical Transportation/Treatment Release

By signing my name hereunder, I give permission for myself/ son(s)/daughter(s)/ child(rens) to be transported and/or treated by medical professionals in the case of a medical emergency. I release the Town of Townsend, its agents, officials and employees from any and all liabilities, damages and causes of action which may arise.

Scooter/Biker/Walker Sign-In

By signing your name hereunder you hereby release the Town of Townsend, its agents, officials and employees from any and all liabilities, damages and causes of action which may arise from your child(ren) transporting him/herself to and from this program. All riders must wear helmets. A child without a helmet will be turned away from the program for that day.

Media Release

By signing my name hereunder, I/we give the Town of Townsend Recreation Department permission to utilize/submit Participant's name/picture/video for promotional & informational purposes.

Sun and Bugs & Outdoor play

By signing my name hereunder, I understand that outdoor play is an integral part of Townsend Rec programs and my child(ren) will be exposed to risks including but not limited to sun, ticks, and insects. I release the Town of Townsend, its agents, officials, and employees from any and all liabilities, damages and causes of action which may arise from outdoor play. I agree that it is my responsibility to apply sunscreen and insect repellent to my child(ren) before bringing him/her/they to Rec and to provide sunscreen/insect repellent/and topical anti-itch cream, weather appropriate clothing/ outerwear for my child(ren). I give permission to Townsend Recreation staff to assist my child in (re)applying sunscreen, insect repellent, and topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any ticks that may become attached. I am responsible to do a complete check upon my child's return home.

Late Policy

I agree to the terms of the Town of Townsend Recreation Department Late Policy as follows: 1st late pick up, within 5- 15 minutes: a warning will be emailed to you/ 15 minutes+: fee structure goes into effect.

Second time late picking up: you will be given an invoice for a late fee due within 3 business days/ If payment is not made within 3 business days, the participant will be suspended from the program until such time as payment is received, no refunds for lost time will be given. Third time late: participant will be removed from the Reckids program, no refunds will be given. *Fee Structure:* per participant: \$15 @ 10-15 min, \$35 @ 15--25 min, \$60 @25 min +(exceptions may be made for emergencies/ weather contingencies at the discretion of the Rec Director/ Board)

If habitually late by more than 5 minutes, the Recreation Board reserves the right to charge additional fees or remove participant from the program.

Parent Handbook

By signing my name hereunder, I agree to the terms of the Town of Townsend Recreation Department Parent/Guardian Handbook.

Parent/ Guardian Signature

Date

GENERAL INFORMATION/ EMERGENCY FORM

PARTICIPANT NAME: _____

DATE OF BIRTH: _____

EMERGENCY INFORMATION:

If Parent/ Guardian is not available, please notify:

NAME: _____ Relationship to Participant: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ Relationship to Participant: _____

ADDRESS: _____ PHONE #: _____

PARTICIPANT PHYSICIAN: _____ PHONE#: _____

DENTIST/ORTHODONTIST: _____ PHONE#: _____

INSURANCE CARRIER: _____ POLICY #: _____

ALLERGIES: _____

CURRENT MEDICATIONS:

~ If a PARTICIPANT has an anaphylactic allergy/ asthma, please include a copy of the PARTICIPANTS Allergy/ Asthma action plan.

GETTING TO KNOW YOUR RECKID: Tell us all about them, any and all things you would like us to know!

likes/dislikes, favorites , things that make them go “ewww”, skills, talents, hobbies, family, pets etc....

My, _____, signature below verifies that the Participant is up to date with their immunizations and can participate in all activities:

Parent/ Guardian Signature

Date