

SOUTHBRIDGE

SUMMER RECREATION PROGRAM WEEKS

The Summer Recreation Program is 5 weeks of recreational programs for children (ages 5 to 11 years) at Southbridge Community Center. Check the line for the weeks you want to register.

Program is \$20 per week.

- _____ July 10th – July 14th
- _____ July 17th – July 21st
- _____ July 24th – July 28th
- _____ July 31st – August 4th
- _____ August 7th – August 11th

TIME: Mon-Friday 8:30am –12:00pm. Each week includes themed games, activities and crafts. Each Tuesday will be at the Andrew Petro Pool, 15 Randolph St

ONE APPLICATION FOR EACH CHILD PARTICIPATING (* Required information)

*Child's Name _____

*Date of Birth _____ *Age _____ **Children MUST be 5 years of age as of July 1, 2023**

*Guardian or Primary Care Giver _____

*Phone # 1: _____ *Phone # 2 _____

*Address _____

* Additional Emergency contact: _____ *Phone: _____

Please list any medical conditions or allergies the staff should be aware of:

**Please return the completed form and the total registration \$ _____ (#weeks x \$20) to
Make checks payable to TOWN OF SOUTHBRIDGE**

Department of Recreation --Summer Recreation Program-- 153 Chestnut St. Southbridge, MA 01550

Contact the Recreation Director, Michael Brunelle for more information. 508-764-6459 or
Mbrunelle@southbridgemass.org



TOWN OF SOUTHBRIDGE

www.ci.southbridgema.us

Town of Southbridge Recreation / Volunteer Release Form

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town of Southbridge.

I also agree to forever release the Town of Southbridge and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the Town of Southbridge voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the Town of Southbridge voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in Town of Southbridge voluntary activities or recreation programs.

LIABILITY WAIVER

I hereby grant permission that my child _____, may participate in the Summer Recreation Program sponsored by the Department of Recreation, Town of Southbridge, and I hereby release the Town of Southbridge, its agents, servants, and employees from liability and responsibility which may arise from an accident or injury caused by the negligence of the participant. I understand that there are basic rules and behavior expectations that my child must adhere to while participating in the program, or my child may be dismissed from the program with no refund.

My child will be picked up no later than 12:30pm.

I must provide and keep all current emergency contact information regarding my child.

FIRST AID: No Yes

I give permission for Southbridge Summer Recreation Staff to administer first aid to my child. (This includes cleaning injuries with water and soap, applying bandages and administering ice packs. Parents will be kept informed of any treatment.)

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Town of Southbridge
Recreation / Volunteer Release Form

Name of Program: Summer Recreation Program

Location: Southbridge Community Center, Andrew Petro Pool, and occasionally offsite

Participant or Guardian Signature: _____

Participant Name if Different than Above: _____

Date: _____

_____ Sign here to give permission for your child to be photographed for our promotional purposes during the Summer Recreation Programs

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