



# MORRISTOWN RECREATION COUNCIL PRESENTS...

## 2017 ALL-DAY

### SUMMER Recreation

7 WEEKS OF FUN, ACTIVITIES, SWIMMING AND FIELD TRIPS!

We will be offering a fun, safe and healthy kids program to promote healthy eating and exercise. Our program will have lifeguards on duty at all times while at the beach. This year we are happy to offer new activities to our summer camp. Activities will include nature adventure, arts & crafts, outdoor adventure. There will be day trips to Lamoille County Field Days, Pizza Putt, Whale's Tale, Jay Peak Pump House and a Lake Monster's game. Children will be expected to provide their own lunches on field trip days.

The Morristown Recreation Council offers a schedule of planned activities for children that are age 5 through 12 years of age. The 2017 program will operate from Monday, June 26th through Friday, August 11<sup>th</sup>. The morning session runs from 7:45AM to 12:00PM at the People's Academy Gymnasium. Following lunch, campers leave for Lake Elmore or a field trip and return to the PA Gym at 4:00PM for pick up by 5:00PM sharp. Breakfast and lunch will be provided in this program.

A Parent Handbook will be given to you on the first day of the program. Please read it carefully as the information is very important. Our policies, procedures and camper rules are made to ensure a safe and fun environment for our campers and counselors.

**EARLY DROP-OFF/LATE PICKUP:** Children dropped off before 7:45AM or picked up after 5:00 PM will be charged an additional \$10 per occurrence. Failure to pay will result in termination from the program.

Please contact Kristi Mcallister @ [morristownsummerrecreation@gmail.com](mailto:morristownsummerrecreation@gmail.com) for further questions.

**We look forward to a fun-filled summer of activities with your child(ren)!**

## Rate Schedule

One child	All Summer	\$700.00
Two Children	All Summer	\$1000.00
Three or More Children	All Summer	\$1200.00
One Child	Daily Rate	\$35.00
Two Children	Daily Rate	\$55.00
Three or More Children	Daily Rate	\$70.00
One Child	Weekly Rate	\$150.00
Two Children	Weekly Rate	\$225.00
Three or More Children	Weekly Rate	\$300.00



\*Children dropped off before 7:45AM or picked up after 5:00PM will be charged an additional \$10. Failure to pay will result in termination from the program.

"All summer" must be paid in full by June 26 2017, to take advantage of the 7 week program rate.

All the Rates include ALL the field trips!!!

### How to Register & Pay

#### Registration for "All Summer" Discount

**\*Due BY June 26, 2017\***

All other payments, daily and weekly rates will be accepted at camp or at the  
Morristown Clerk's office

#### Payment Method

Cash or check payable to Morristown Recreation Council.

#### Scholarships

Lamoille Family Center

Call 888-5229

kmiller@lamoillefamilycenter.org

**OR**

Morristown's Cares

Please submit a letter as to why you feel your family would benefit from a scholarship towards your camper fees. Mail your letter to Morristown Elementary School 548 Park Street, Morrisville, VT 05661. The deadline for scholarship requests is June 14, 2017. \*\*\* The scholarship amount will NOT cover the full cost of the camper's fees. Scholarships are available for **Full**-time campers only.

#### Completed registration forms and payment

Morristown Town Clerks

Mail to:

**Morristown Recreation Council**

PO Box 748

Morrisville, VT 05661

*We are open for children ages 5-12, pre-k through 6th grade*



## MORRISTOWN SUMMER RECREATION PROGRAM REGISTRATION FORM

**Child/rens Name:**

Please PRINT & Complete Entire Form

Name	Date of Birth	Age	Grade Completed	Gender

Mailing Address:	Physical Address:
Father/Guardian:	Mother/Guardian:
Phone (H):	Phone (H):
Phone (W):	Phone (W):
Email:	Email:

Emergency Contact Person	Home Phone	Work Phone	Relationship
1.			
2.			

Doctor:	Phone:
Dentist:	Phone:

Please indicate any information that the staff needs to know to insure proper attention and care for your child under our supervision. Include any medical issues, allergies, physical limitations, behavioral concerns or any background information you deem helpful for us to understand.

Please provide instructions ie: for allergy care, daily medications (please contact directly)

The Morrisville Recreation Council occasionally uses the photographs, videos etc., of participants in its programs and activities in promotional flyers presentations and related materials, If you want your photograph used in such material, please sign below.

\_\_\_\_\_

parent/guardian signature

\_\_\_\_\_

date



## Morristown Summer Recreation

Child(rens) Names:

	Child #1	Child #2	Child #3	Child #4
Can your child swim in water over their head without a flotation device?	Y N	Y N	Y N	Y N
Would you like our staff to help your child apply sunscreen?	Y N	Y N	Y N	Y N
You have my permission to give my child Tylenol at your discretion.	Y N	Y N	Y N	Y N
I give you my permission to administer first aid to my child.	Y N	Y N	Y N	Y N
I give my permission to the Morrisville Recreation Department Staff to transport my child(ren) to or from an activity/event/field trip in a private or town-owned vehicle in case of an emergency or special circumstance. I understand that i may still give verbal consent on a case-by-case basis if I circle N.	Y N	Y N	Y N	Y N

**Waiver Agreement:** I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named application(s) to participate in the program(s) offered by the Morrisville Recreation Council. I hereby knowingly and fully release and hold harmless the Town of Morrisville, its employees, elected officials, any volunteers, instructors or subcontractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events. I understand that dismissal from camp activities for the day, week, or summer is the discretion of the Recreation staff based upon justifiable circumstances.

I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child(rens) temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physician's or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-ray and medication.

\_\_\_\_\_

parent/guardian signature

\_\_\_\_\_

date

