

BRIDGEWATER PARKS AND RECREATION DEPARTMENT
**SUMMER RECREATIONAL
PROGRAM**



REGISTRATION FORM ~ 2021

WEEKLY PROGRAMS FROM: Monday, June 28, 2021 THRU Friday, August 20, 2021

3, 4, OR 5 DAY ENROLLMENT PER WEEK: Monday to Friday 8:30 AM - 12:30 PM

LOCATION: Legion Field – Cottage Street Parking Lot (June 28 – July 2, July 19-Aug. 20)
Behind the Williams School (July 6 - July 16)

*******No Program Monday, July 5th *******

Program fees: \$25.00 per day 1st child; \$20.00 per day each child thereafter, with a \$45.00 family maximum. **A \$15.00 NON-REFUNDABLE APPLICATION FEE PER FAMILY IS DUE WHEN REGISTERING FOR THE PROGRAM along with your 1st week payment.** See 2nd page for registration information. Registration may be made by mail or at the field after program begins. Open registration will continue throughout the program based on availability. Out of Town Residents accepted. *Program held inside school on rainy days.*

ELIGIBILITY: ALL CHILDREN AGES 5 through 12

WAIVER: I hereby, for myself, my child, my heirs, administrators and assigns, waive and release any and all rights and claims for damages I may have against the Bridgewater Parks and Recreation Commission, Town of Bridgewater, and any other organizations connected with this event, their representatives, successors, and assigns for any and all injuries my child may suffer while taking part in any activities connected with this event.

WE RESERVE THE RIGHT TO CANCEL YOUR REGISTRATION SHOULD THE RULES AND GUIDELINES OF THE PROGRAM NOT BE FOLLOWED.

NAME OF CHILD(REN) _____ DOB: _____ AGE: _____
_____ DOB: _____ AGE: _____
_____ DOB: _____ AGE: _____

MOTHER'S NAME: _____ WORK/CELL PHONE: _____

FATHER'S NAME: _____ WORK/CELL PHONE: _____

ADDRESS: _____

E-MAIL: _____

HOME PHONE: _____ CELL PHONE/BEEPER: _____

PERSON TO NOTIFY IN AN EMERGENCY: _____

EMERGENCY PHONE: _____ RELATIONSHIP: _____

IF INJURED, DO YOU HAVE A HOSPITAL PREFERENCE? IF SO WHICH ONE? _____

PARENT OR GUARDIAN SIGNATURE: _____

NAMES OF PERSONS ALLOWED TO PICK UP CHILD(REN) OTHER THAN PARENT/GUARDIAN:

PHONE #: _____

PHONE #: _____



CAN YOU CHAPERONE FIELD TRIPS IF NEEDED? _____

OTHER INFORMATION NEEDED BY STAFF (ALLERGIES, GUARDIANSHIP, MEDICAL, ETC.):

PLEASE NOTE: PERSONAL INHALERS AND EPI-PENS WILL BE KEPT ON THE FIELD BY THE DIRECTOR.

To register by mail please return this completed form, health form, \$15.00 non-refundable application fee and your registration payment for your child's first week of attendance, and program attendance dates by **June 18, 2021 or on the field if space allows**. Your child is registered unless you receive a call. See you on your first day! Registration is ongoing with space availability. Your days of attendance may change as needed.

Please circle days of attendance for your 1st week of attendance M-T-W-TH-F M-W-F T-W-TH other 3 or 4 days

Circle week(s) of attendance: * 4 day week July 6 – 9 subject to change

Ju 28 – Jy 2 Jy 6 - 9* Jy 12 - 16 Jy 19 - 23 Jy 26-30 Aug 2 - 6 Aug 9-13 Aug 16 -20

Questions please call Director at 508-697-7617 or Recreation office at 508-697-8020 (leave a message)

MAIL TO:

BRIDGEWATER RECREATION
90 COTTAGE STREET
BRIDGEWATER, MA 02324



Make checks or money orders to: TOWN OF BRIDGEWATER. PUT RECREATION in MEMO AREA.

*****No Program - Monday, July 5*****

FOR OFFICE USE ONLY: PLEASE DO NOT write in this section. Thank you.

Week	1	2	3	4	5	6	7	8
	Ju 28 – Jy 2	Jy 6-9 *	Jy 12-16	Jy 19-23	Jy 26-30	Aug 2-6	Au 9-13	Au 16-20
M – F	_____	_____	_____	_____	_____	_____	_____	_____
M /W/ F	_____	_____	_____	_____	_____	_____	_____	_____
TU/ W/ TH	_____	_____	_____	_____	_____	_____	_____	_____
M/ TH/ F	_____	_____	_____	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____	_____	_____	_____
PAID BY	_____	_____	_____	_____	_____	_____	_____	_____
RECEIVED:	_____	_____	_____	_____	_____	_____	_____	_____
Total	_____	Check #	_____	_____	_____	_____	_____	_____

FIELD TRIPS _____

PAID BY _____

RECEIVED: _____

\$15.00 NON-REFUNDABLE APPLICATION FEE: CASH OR CHECK # _____ REC'D (DATE) _____



BRIDGEWATER RECREATION HEALTH FORM 2021



**** PLEASE BE AWARE WE DO NOT ADMINISTER MEDICATION ****
Inhalers and Epi-pens should be given to the Director in case of use

Please fill out the safety precautionary form below and return it by the first day of the program. **A physical examination is not required.** Please fill in any information we may need in case of an emergency.

Name of Child(ren)

Date of Birth

_____	_____
_____	_____
_____	_____

Parent/Guardian Name: _____

Address: _____ Home Phone #: _____

Work Phone #: _____ Cell #: _____

IN CASE OF EMERGENCY, NOTIFY:

1. Name: _____ Relationship: _____

Home phone # _____ Cell #: _____

2. Name: _____ Relationship: _____

Home phone# _____ Cell #: _____

FAMILY PHYSICIAN: _____

TELEPHONE: _____ ADDRESS: _____

IF INJURED, DO YOU HAVE A HOSPITAL PREFERENCE? _____

IF THERE ARE ANY OTHER INSTRUCTIONS OR PRECAUTIONARY MEASURES ABOUT YOUR CHILDREN THAT OUR COUNSELORS OR EMERGENCY PERSONNEL SHOULD BE AWARE OF, PLEASE STATE:

IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN, SELECTED BY THE ADULT LEADER IN CHARGE, TO HOSPITALIZE, ADMINISTER PROPER ANESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY SON OR DAUGHTER.

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN