

# CHESTER SUMMER RECREATION PROGRAM

## 2009

Welcome to the 2009 Chester Recreation Summer Program. The summer program is open to Chester children ages four (by January 1, 2009) and potty trained through 8<sup>th</sup> grade (entering the 8<sup>th</sup> grade in fall 2009). 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 be headed by Lindsay Murray. Lindsay has been active in Chester Recreation programs since 2001. She is a graduate of Southern NH University in Elementary Education and currently works as a Title One instructor in Manchester. She has coached Recreation basketball since 2001 and was director of the Recreation DREAM After School program from 2004-2008.

The Recreation program is pleased to announce that almost all of our staff will be returning this summer. They have been very loyal and dedicated to make our program run smoothly. 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 Monday July 6<sup>th</sup> and ending on Friday, August 14<sup>th</sup>. This year we are 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 this time due to field trips.

The registration fee covers activities, equipment, t-shirt, supervision, transportation for field trips, and most Thursday field trip fees. 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.**

# Registration

Registrations may be returned to the Library, the Chester Academy Office, The Recreation Office or they may be mailed to:

Chester Recreation Department,  
Summer Program,  
84 Chester St.,  
Chester, NH 03036.

Please make checks payable to: Chester Recreation Department.

## 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>\$375</b>	<b>\$340</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 registered 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 some field trips are not covered by The Recreation Dept. and must be paid in full one week prior to the trip to ensure we have enough participating.

## 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 sign 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. If any type of inappropriate behavior occurs again, the child will 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.

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, 887-5773, for confirmation no earlier than 7:30 am on program days or one-half hour before a trip departure time.

**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 minutes before departure time.

Fees for some trips may not be 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. If an indoor trip is scheduled, we will still participate. If an outdoor trip is scheduled, and it is raining when it is time for us to make the decision, the trip will be cancelled. All attempts will be made to reschedule the trip.

Some field trips for children 1<sup>st</sup> grade and up have an additional fee (see trip registration flyer).

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.

**Volunteers:**

Your help is always welcome. Without volunteers our program will not be able to run smoothly. If there are not enough chaperones for the field trips, the trips will be canceled. When you complete your registration form, please sign up for any program and/or field trip that you will be able to assist us with.

**Counselors-in-Training:**

Counselors-in-training are campers' ages 14-15 that have an interest in learning the leadership and teamwork skills required to be a member of our summer staff. C.I.T.'s are campers but there is no charge for their attendance other than fees charged for the optional trips. The C.I.T.'s work under the supervision of our senior staff. Our goal is to train our future staff while they enjoy an exciting recreational experience. Because there is no cost for the program and the C.I.T.'s are not paid the hours that they work are often accepted as Community Service hours required by some schools and organizations. The Recreation Coordinator can provide documentation of hours if needed. Please complete the full registration packet for a CIT and circle the appropriate box on the registration.

**Saturday August 15, 2009**

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 2009 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.

## REGISTRATION

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

NAME	SHIRT SIZE	NAME	SHIRT SIZE

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 6-12

July 12-17

July 20-24

July 27-July 31

Aug 3-7

Aug 10-14

### **Fees:**

	1 <sup>st</sup> Child	2 <sup>nd</sup> and additional
<b>6 weeks Half Day 8am-12pm</b>	<b>\$150</b>	<b>\$135</b>
<b>6 Weeks Full Day 8am -4pm</b>	<b>\$375</b>	<b>\$340</b>
<b>C.I.T.</b>	<b>N/A</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
- Permission for field trips

## 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 Wason Pond.
- Ride his/her bike to the Recreation Summer Program at Wason Pond.
- 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

**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	

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 Signature of Parent/Legal Guardian

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 Date

 MEDICAL ALERT INFORMATION

**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

## Field Trip Permission Signatures

DATE	DAY	LOCATION	Extra Fee	INITIAL
July 7	Tuesday	Canobie Lake*	yes	
July 9	Thursday	Stadium Ten Pin Bowling (5-8)	no	
July 9	Thursday	Chuck E Cheese Manchester (4yrs-4 <sup>th</sup> )	no	
July 14	Tuesday	Museum of Science*	yes	
July 16	Thursday	Water Country*	yes	
July 16	Thursday	Pine Acres Water Slides	no	
July 21	Tuesday	Rye Airfield (gr. 3-8)	yes	
July 21	Tuesday	Victorian Park	no	
July 23	Thursday	Fisher Cats (gr. 3-8)	no	
July 23	Thursday	Pinkerton Play (4 yrs. – 2 <sup>nd</sup> )	no	
July 28	Tuesday	Miller State Park*	no	
July 30	Thursday	Fort Foster	no	
August 4	Tuesday	Vertical Dreams*	yes	
August 6	Thursday	Pawtuckaway	no	
August 11	Tuesday	Chunky's Cinema*	yes	
August 13	Thursday	The Rinks at Exeter	no	

\* Students in grades 1-8 only (Camp available for campers not attending trips)

\*\* Trips scheduled to change based on limited sign-ups and availability of activity.

My child \_\_\_\_\_ has permission to attend the above initialed field trips with the Chester Recreation Summer Program. I understand that the waiver that I signed for the program is applicable for all field trips as well.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_