

DECEMBER 2017 SCHOOL'S OUT PROGRAM

MULTI-SPORTS CAMP

At the BARRINGTON MIDDLE SCHOOL
For ages 8 –12 ONLY

DECEMBER 26-28, 2017
Tuesday-Thursday
9:30 am – 12:30 pm

\$45.00/Per Child

Children should bring a peanut-free snack with a drink.



A Town of Barrington Recreation Department Program
247-1900 x44 recreation@barrington.ri.gov

PRE-REGISTRATION IS REQUIRED at the Recreation Department in the Lower Level of the
Town Hall from now until December 20, 2017

Space is limited to **15 children** for this program (Minimum 6)

Child's Name: *(one form per child)* _____ Boy Girl Age: _____

Allergies/Medical Conditions/Medication: _____

Emergency Contact Name: _____ Cell: _____

(In the event of an emergency, please call the Town Clerk's Office at 401-247-1900 x4, to inform of any early pickups, etc.)

Address: _____

Email: _____

Authorized Pick Up Name: _____ Cell: _____

Initial one:

_____ **Yes, I give permission for my child to be photographed which may be used to advertise 'Barrington Recreation Schools Out Program' and other local businesses who volunteer for the program**

_____ **No, I DO NOT give my permission for my child to be photographed**

I, the parents/guardian of the above child (ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2017 December vacation programs at the Barrington Middle School. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child (ren). Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Signature (Parent/Guardian)

Parent or Guardian:

(Please print)

Please make checks payable to The Town of Barrington in the amount of \$45.00 per child.

Bring this registration form with payment to the Recreation Department in the lower level of Town Hall or mail to:
283 County Road
Barrington, RI 02806

Do not return paperwork to the school. This is a Town of Barrington Program.

In this 3 day, multi- sports vacation week camp, various recreational sports will be played. Hosted by Matthew Finn and the Barrington Recreation Department.

Check which weekly session your child will be attending:

<input type="checkbox"/> Session 1	<u>Tuesday-Thursday</u> 12/26-12/28 Ages 8-12 9:30 am-12:30 pm
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For official use only:

Check # _____ Amount _____ Date _____

CODE OF CONDUCT

1. Show respect to all campers and staff, and treat them, as you would like to be treated.
2. Come to camp each day prepared to cooperate with your counselor and instructor by taking part in activities that have been selected for that day.
3. Respect the rights of other campers and treat each other with courtesy, consideration and respect.
4. Communicate in an appropriate manner. Inappropriate language, harsh words or gestures are not part of our program experience.
5. Conduct yourself responsibly by understanding that horseplay, teasing or picking on any individual or bullying will not be tolerated.
6. Behaviors such as hitting, pushing, kicking, fighting or name-calling is unacceptable.
7. Use program equipment, supplies and facilities, appropriately. Return any equipment or material to its proper place after use.
8. Each person is responsible for his/her own behavior and proper behavior leads to a great program experience

I have read the Barrington Recreation Summer Camp Code of Conduct and understand the expectations of my child in camp.

Parent/Guardian (Signature)

Date