

**NEWTON PARKS AND RECREATION DEPARTMENT
 FUN-TASTIC DECEMBER VACATION PROGRAM – 2008
 DECEMBER 29th, 30th, 31st and JANUARY 2nd**

Name _____ School _____ Grade _____ DOB _____
 Address _____ City _____ Zip _____
 Parent/Guardian _____ Phone _____
 Parent/Guardian _____ Phone _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____
 Medical Insurance _____ Policy # _____

Eye Color _____ Hair Color _____ Gender _____
 Height _____ Weight _____ Identifying Marks _____
 Any serious illness or hospitalization _____
 Medications currently taking _____
 Allergies (asthma, medication, etc) _____
 Other (limitations, health concerns, etc) _____

DATES (check days you wish to attend)

December 29th - Monday _____
 December 30th - Tuesday _____
 December 31st – Wednesday _____
 January 2nd – Friday _____

FEES

Standard Day (8:15 am – 3:30 pm)

December 29, 30, 31, January 2 - \$42.50 per day x _____ days \$ _____ OR
 December 29, 30, 31, January 2 - \$150.00 for all four days \$ _____

Extended Day (8:15 am – 5:15 pm)

December 29, 30, 31, January 2 - \$52.50 per day x _____ days \$ _____ OR
 December 29, 30, 31, January 2 - \$190.00 for all three days \$ _____

Total Enclosed \$ _____

Please return this form (filled out front and back) with your payment made payable to City of Newton to:

Newton Parks and Recreation
 Fun-tastic December Vacation Program
 70 Crescent St
 Newton, MA 02466

For more information please contact Channon Ames at (617) 796-1529 or at comes@newtonma.gov

**Newton Parks and Recreation Department Fun-tastic December Vacation Program
Medical Release Form - 2008**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize the Fun-tastic December Vacation Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Fun-tastic December Vacation Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

**Parental Consent Release From Liability and Indemnity For Participation In The
Newton Parks And Recreation Department's Fun-tastic December Vacation
Program**

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Fun-tastic December Vacation Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Fun-tastic December Vacation Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Fun-tastic December Vacation Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Fun-tastic December Vacation Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Fun-tastic December Vacation Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Fun-tastic December Vacation Program. I understand that photo's may be published in local papers or in future brochures for the Newton Parks and Recreation Department and the Fun-tastic December Vacation Program.

Signature of Parent(s)/Guardian(s)

Date