

**NEWTON PARKS AND RECREATION DEPARTMENT
SUMMER VACATION AT BURR PARK PROGRAM FOR GRADES 1 – 4
AT THE BURR PARK COMMUNITY CENTER**

Name _____ School _____ Grade _____ DOB _____
 Address _____ City _____ Zip _____
 Parent/Guardian _____ Phone _____
 E-Mail _____
 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 and times you wish to attend – trips are tentative and may change as summer gets closer)

	Stan Day	Ext Day		Stan Day	Ext Day
August 23 rd	_____	_____	August 30 th	_____	_____
August 24 th	_____	_____	*August 31st	_____	_____
August 25 th	_____	_____	Sept. 1 st	_____	_____
August 26 th	_____	_____	Sept. 2 nd	_____	_____
August 27 th	_____	_____	Sept. 3 rd	_____	_____

FEES

Standard Day (8:30 – 3:30) - \$210.00 per week x _____ weeks \$ _____
 Standard Day (8:30 – 3:30) - \$45.00 per day x _____ days \$ _____
 Extended Day (8:15 – 5:30) - \$265.00 per week x _____ weeks \$ _____
 Extended Day (8:15 – 5:30) - \$57.50 per day x _____ days \$ _____
***Starred days are an additional \$10.00 per day for individual days x _____ days \$ _____**

TOTAL \$ _____

Confirmations will be sent closer to the start of the program. Please return this form (filled out front and back) with your payment made payable to the City of Newton to:

Newton Parks and Recreation
 Summer Vacation Program at Burr Park
 70 Crescent St, Newton, MA 02466

**Newton Parks and Recreation Department Summer Vacation at Burr Park Program
Medical Release Form - 2010**

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 Summer Vacation at Burr Park 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 Summer Vacation at Burr Park 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 Summer Vacation at Burr Park 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 Summer Vacation Burr Park 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, Summer Vacation Burr Park 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 Summer Vacation Burr Park 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 Summer Vacation Burr Park Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Summer Vacation at Burr Park 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 Summer Vacation Burr Park Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Summer Vacation Burr Park Program.

Signature of Parent(s)/Guardian(s)

Date