Laflin Resident Recreation Board 2019 Summer Camp

Please Register Each Child by June 10th

Location Laflin Borough Bldg. Playground

Activities Crafts - Sports - Games - Library Time

- Free Play; morning snack provided

by CEO

Dates June 24th – August 2nd

Days Monday - Wednesday - Friday

Time 9:00 – 12:00 noon

Ages 5 to 12 years (by June 30th)

Activity Fee \$20 per Child of Laflin Residents

Fee(s) due at time of registration!

The fee helps to cover special treats such as pizza, ice pops, snacks, and special events (examples include pretzel program, zoomobile (in conjunction with the library, mascot visits, and crafts).

A calendar of events and activities will be provided at the start of camp.

This is a structured camp with adult counselors (18 years of age minimum). The children will have free play; however, the children must participate in the planned activities and programs also. We want to make it fun and safe for all.

Miscellaneous Please note that children ages 4 & under may attend the camp, however, a responsible parent or guardian, must stay with the child and many activities are not specifically geared toward children in this age group.

Thank you for your continued support.

The Laflin Recreation Board

<u>Code of Conduct</u>: The staff of the camp is committed to providing a safe and enjoyable experience for the campers; however, campers are also responsible to assist in these efforts. All campers are to show cooperation, respect for others, and a willingness to participate in all activities. Inappropriate behavior will be addressed on an individual basis and could involve a warning, a phone call to parents/guardians, and / or dismissal from the program. Parents/guardians are responsible to make sure their child understands these guidelines. Please note that for all campers, a responsible adult must sign a daily attendance log at drop off and pick up to ensure all campers are accounted for.

WAIVER OF LIABILITY

We, the undersigned agree and understand that the LAFLIN RESIDENT RECREATION BOARD SUMMER CAMP is not directed, supervised or overseen by the Borough of Laflin (hereinafter "Borough"). The participants are not screened, tested or evaluated by the Borough. The program is designed to involve youths in summer activities. The undersigned participants and parents and/or guardians on their behalf do hereby agree and understand that by participating in the program, they agree to indemnify and hold harmless the Borough, forever waiving their right to any claims, demands, actions and causes of action, and all liability whatsoever against the Borough, the Recreation Board, their agents, servants, employees and representatives. The participants further release and forever discharge the Borough and its agents, servants, employees and representatives, along with its insurers, attorneys and all other persons, firms and corporations, from any and all claims, demands, actions and causes of action, and all liability whatsoever on account of or in any manner arising out of the instant program or anything related thereto.

I give permission for my child(ren),	(Age(s)	by June 30 th), to
participate in the Laflin Recreation Board 2018 Summer Camp Progran	1. I understand and agree	to the code of conduct and
waiver or liability above. I give permission for my child to take part in	all supervised activities.	I give permission for my
child's likeness to be published in the newspaper, on Nextdoor Laflin, o	future publications for th	e purpose of advertisement
of the camp. I also give permission for the Laflin Borough Emergency	Personnel to evaluate an	nd treat my child in case of
injury.		
(parent/guardian si	gnature)	(date)

Laflin Recreation Board 2019 – Summer Camp Emergency Contact & Medical Information

Emergency Contact must be completed.

					M	F
Child's Name	Date of Bir	th / Age			Sex	
					M	F
Child's Name	Date of Bir	th / Age			Sex	
					M	F
Child's Name	Date of Bir	th / Age			Sex	
					M	F
Child's Name	Date of Bir	th / Age			Sex	
D 162 11 1 1 1	7		_			
Parent's/Guardian's Name	Parent's/Gu	Parent's/Guardian's Name				
	()			()		
Home Phone Work Phone	Home Phor	ie		Work Phone		
Cell Phone	Cell Phone					
Cell Phone	Cell Phone					
Address	Address					
Address	Address					
City, ST ZIP Code	City, ST Z	IP Code				
City, 51 Zii Code	City, 51 Z	ii code				
Alterna	ative Emergency Co	ontacts				
Primary Emergency Contact	Secondary Emergency Contact					
	()					
Home Phone Work Phone	Home Phor	ie		Work Phone		
	()		I	l		
Cell Phone	Cell Phone					
Address Address						
City, ST ZIP Code City, ST Z		IP Code				
N	Medical Information	1				
Allergies/Special Health Considerations (If			lren, p	lease specify which chi	ld):	
Parent's/Guardian's Signature		Date				