



MORRISVILLE RECREATION COUNCIL

PRESENTS...

ALL-DAY SUMMER PROGRAM 2010

7 WEEKS OF FUN, ACTIVITIES, SWIMMING AND FIELD TRIPS!

We are happy to announce that we have several new board members with fresh, exciting ideas to make our children's summer fun, safe and healthy. Our program will have at least 2 life guards on duty at all times while at the beach. This year we are happy to offer new activities to our summer camp. Activities will include Taekwondo, tennis lessons, a book club, nature adventure and a fit kids program we will be offering a fit kids program to promote healthy eating and exercise. Day trips to Missisquoi Lanes, The Great Corn Maze, Whales Tails and Lamoille County Field Days.

The Morristown Recreation Council offers a schedule of planned activities for children currently enrolled in kindergarten through 6th grade. The 2010 program will operate from Monday, June 28th through Friday, August 13th. The morning session runs from 8:00AM to 12:00PM at the Peoples Academy Gymnasium. Following lunch, campers leave for Lake Elmore and return to the PA Gym at 4:00PM for pick up by 5:00PM sharp. Schedule may change on field trips days. A calendar of events will be available on May 7, 2010.

A Parent Handbook will be given to you on the first day of the program. Please read it carefully as the information is very important. Our policies, procedures and camper rules are made to ensure a safe and fun environment for our campers and counselors. They will be followed and enforced.

For more information, contact Lisa Barrett at 888-6997 (1hardworkingmom@comcast.net) or Amy Menard at 888-1515 (amy@xtremecollisioncenter.com) or on line at morristownvt.org

We look forward to a fun-filled summer of activities with your child(ren)!

MORRISTOWN SUMMER RECREATION PROGRAM REGISTRATION FORM

Deadline for Enrollment: June 7, 2010

Please PRINT & Complete Entire Form

Name	Date of Birth	Age	Grade Completed	Gender

Mailing Address:	Physical Address:
Father/Guardian:	Mother/Guardian:
Phone (H):	Phone (H):
Phone (W):	Phone (W):
Email:	Email:

Emergency Contact Person	Home Phone	Work Phone	Relationship
1.			
2.			

Doctor:	Phone:
Dentist:	Phone:

Please indicate any information that the staff needs to know to insure proper attention and care for your child under our supervision. Include any medical issues, allergies, physical limitations, behavioral concerns or any background information you deem helpful for us to understand.

Please provide instructions ie: for allergy care, daily medications (please contact directly)

The Morrisville Recreation Department occasionally uses the photographs, videos etc., of participant's in its programs and activities in promotional flyers presentations and related materials, If you do not want your photograph used in such material, please sign below.

I do not want my photograph included in any promotional flyers or materials for the Morrisville Rec. Department.

parent/guardian signature _____ date

	Child #1	Child #2	Child #3	Child #4
Can your child swim in water over their head without a flotation device?	Y N	Y N	Y N	Y N
Would you like our staff to help your child apply sunscreen?	Y N	Y N	Y N	Y N
You have my permission to give my child Tylenol at your discretion.	Y N	Y N	Y N	Y N
I give you my permission to administer first aid to my child.	Y N	Y N	Y N	Y N
I give my permission to the Morrisville Recreation Department Staff, (1) if I have circled Y indicating written consent 2) after giving verbal consent to transport my child(ren) to or from an activity/event/field trip in case of an emergency of special circumstance in a private or town owned vehicle	Y N	Y N	Y N	Y N

Waiver Agreement: I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named application(s) to participate in the program(s) offered by the Morrisville Recreation Department. I hereby knowingly and fully release and hold harmless the Town of Stowe, its employees, elected officials, any volunteers, instructors or sub-contractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events. I understand that dismissal from camp activities for the day, week, or summer is the prerogative of the Recreation staff based upon justifiable circumstances.

I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child(ren)s temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-ray and medication.

parent/guardian signature

date

There will be no volunteer positions. All children must complete a registration form and be enrolled in the Program to participate. For scholarship information you may write to Sara Pennock at sara.pennock@morrisville.org or Morrystown Elementary School, 548 Park Street, Morrisville, VT 05661. The deadline for scholarship requests is **May 15, 2008**. The registration forms for the Summer Program should be completed and mailed to PO Box 328, Morrisville, VT 05661. Checks are payable to Morrystown Recreation Council. If you have any questions, please contact Lisa Barrett at 888-4089 (1hardworkingmom@comcast.net) or Amy Menard at 888-1515 (amy@xtremecollisioncenter.com)

Rate Schedule

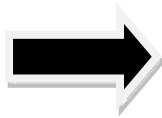
		Resident	Non Resident
One Child	7 Week Program	\$400.00	\$450.00
One Child	Weekly Rate	\$115.00	\$140.00
Two Children	7 Week Program	\$625.00	\$675.00
Two Children	Weekly Rate	\$175.00	\$200.00
Three or More Children	7 Week Program	\$840.00	\$890.00
Three or More Children	Weekly Rate	\$275.00	\$300.00



*Children dropped off before 8:00AM or picked up after 5:00PM will be charged an additional \$10/minute. Failure to pay will result in termination from the program.

CAMP CALENDAR

CLEARLY MARK THE WEEK(S) THAT YOUR CHILD(REN) PLANS TO ATTEND CAMP



M	T	W	T	F
28	29	30	1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30
2	3	4	5	6
9	10	11	12	13

FAMILIES CHOOSING THE WEEKLY OPTION MUST PAY IN ADVANCE.
DATES CAN'T BE CHANGED AND REFUNDS WILL NOT BE AVAILABLE.

How to Register

Registration Deadline

June 7, 2010

Forms:

Complete the Family Registration Form.

Age Requirements:

Camp is available for children that have completed kindergarten, 1st, 2nd, 3rd, 4th, 5th or 6th grade.

How to Pay

Payment Method

Cash or Check payable to
Morristown Recreation Council.

Completed registration forms and payment

Drop off at Morristown Elementary School

Mail to:

Morristown Recreation Council

PO Box 748

Morrisville, VT 05661

PAYMENT AT THE TIME OF REGISTRATION IS REQUIRED.