



POTTSGROVE RECREATION BOARD

1301 Kauffman Road
Pottstown, PA 19464
Phone: 484.744.9929
www.pottsgroverec.com

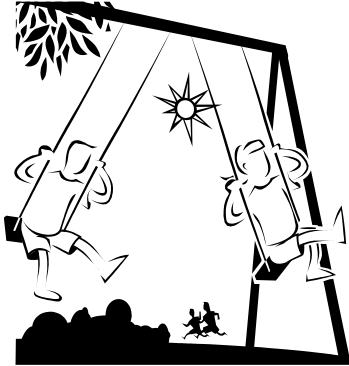
Pottsgrove Summer Playground

June 25 – July 27

Monday through Friday

9:00 a.m. to 12:00 p.m.

Trips on Tuesdays & Fridays



**ALL REGISTRATIONS
Received by 6/15/18
Will receive a FREE
Playground t-shirt**

Locations:

***Ringing Rocks Elementary School
West Pottsgrove Elementary School***

Participation Fee

for program
\$65/per child for the
1st and 2nd child
\$160 max. per family

The Pottsgrove Summer Recreation Program is for children who reside within the Pottsgrove School District and who have **completed** kindergarten through 8th grade. The participation fee covers the program activities. **The trips are an additional fee.**

Children are provided with supervised inside and outside activities that include games, crafts and sports. There are planned additional trips that include:

- The Carousel at Pottstown
- Swimming
- Skating
- Ozzy's Family Fun Center

Permission slips and payment for trips due one day prior to the trip.

Participants will be traveling to one of our elementary schools to attend special programs provided by the Pottstown Library on Thursday mornings beginning July 7.

The times of the regularly scheduled program may change from time to time depending on the nature of our trips and special events. These changes will be outlined on the calendar. A complete schedule of activities will be available the first day you attend or on our website at www.pottsgroverec.com. Your child may attend playground on the days they are available. Daily attendance prior to the trips is strongly suggested. **Juice drinks and water will be available for a minimal cost.**

Please return **one registration form per child** along with the participation fee to the address indicated.

Registration Deadline June 15th to receive a FREE T-shirt

This is an independent organization and not affiliated with the Pottsgrove School District.

Pottsgrove Recreation Board
Registration and Emergency Information

Child's Name _____ Child's age _____ Last Grade Completed _____
Last Name First Name

Address _____

Email address _____ Residency Township (circle one) Lower Upper West

Legal Guardian's Names _____ Home phone _____

Cell #1 _____ Cell #2 _____

In case of emergency, parents are the first contact. If parents cannot be reached please contact the person below,

Emergency Contact:

#1 _____ Relationship _____ Phone: _____

#2 _____ Relationship _____ Phone: _____

Medical Information: *All medical information is kept strictly confidential. It is extremely important that we have all necessary medical information concerning your child. This also includes any learning disabilities.*

Family Physician _____ Office Phone: _____

Allergies? YES NO *explain:* _____

Medical Conditions? YES NO *explain:* _____

Medications? YES NO *explain:* _____

Does your child require accommodations due to health, physical, social, cognitive and/or behavioral needs? YES NO

PRB Medication Policy: The responsibility for administering medications rests with the camper's legal parent or guardian. **No camp staff is permitted to administer medication.** It is important that all medication be taken at home. No medication is to be sent to camp unless it is a prescription drug for preventive reasons or emergency conditions such as seizures, heart conditions, asthma, bee stings or allergy conditions. These preventive or emergency medications may be sent to camp if the rules listed below are followed:

- 1. Note from the doctor stating name of medication, how it is to be given, amount, time and diagnosis of illness. The medication must have the prescription label on the container.**
- 2. Note from the parent or legal guardian giving approval for the medication to be administered by the camper under staff supervision or Site Supervisor or Recreation Assistant if camper is unable to administer due to an emergency.**

HOLD HARMLESS AGREEMENT

Any participant and/or guardian do hereby agree to the following:

- To assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury. Understand and request permission to participate in the above activity with the full knowledge that the said activity could result in damage or injury to participant.
- Agree to indemnify and hold harmless the Pottsgrove Recreation Board, its departments and agents from liability for personal injury or property damage resulting from my participation in said activity.
- Waive the right to dispute all proper charges once he/she/they have registered and/or participated in the PRB program for which this registration form is received
- Agree to allow Pottsgrove Recreation Board to use any photos taken at an activity for future publications.
- By providing my email address, I agree to receive emails from Pottsgrove Recreation Board. Email will not be shared with any other entities.

SIGNATURE: _____ **Date** _____

Signature confirms that participant has read and agrees to Pottsgrove Recreation Board Hold Harmless Agreement. (Parent or guardian sign for participant under 18)

CHILD'S NAME: _____

Please indicate shirt size:

Youth _____ S _____ M _____ L

Adult _____ S _____ M _____ L

(Unmarked will be given Youth Large)

Location your child will be attending
Summer Playground.

Please check one:

_____ Ringing Rocks Elementary

_____ West Pottsgrove Elementary

**Mail
Today!**

**ALL REGISTRATIONS
Received by 6/15/18**
will receive a
FREE
Playground T-Shirt

Make checks payable and
mail to:

Pottsgrove Recreation
1301 Kauffman Road
Pottstown PA 19464

**No forms accepted by the
school secretary**