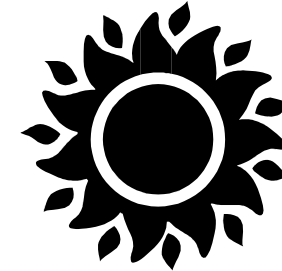
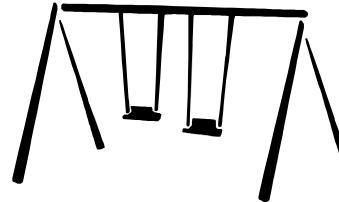
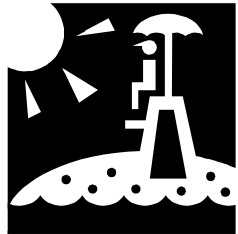


# OAK RIDGE RECREATION & PARKS DEPARTMENT APPLICATION FOR SUMMER 2011 PROGRAMS

*A one-time nonresident fee of \$10 per summer per child will be charged for all children's Recreation & Parks Department summer activities.*

## SCARBORO SUMMER PROGRAM

The Scarborough Summer Program is offered Monday-Friday, from 9:00 am-4:30 pm at the Scarborough Community Center. The program includes games, sports, crafts, and field trips. Free lunches and afternoon snacks are available daily. To be included in the lunch count, children must be present at 9 a.m. Cost for this program is **\$30** per week or **\$7** per day. Additional fees are associated with field trips. A child **may not** attend only on a field trip day. He or she must at least attend **2 other days** during the selected program week. The Center may be closed on some days due to staff and participants being away on field trips.



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My child will be attending the Scarborough Playground Program.

WEEKLY     OCCASIONALLY

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

*(Must have completed Kindergarten)*

## CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Summer Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Summer Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Summer Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all field trips planned for the Recreation and Parks Department Summer Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Summer Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Summer Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Summer Programs.

**I/We do hereby acknowledge that I/We have received a copy of and have read the Summer Program Policies, and agree to abide by the same policies.**

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

<b>Mother's Name:</b>	Phone: (w)	(h)	<b>FOR STAFF USE ONLY:</b>	
<b>Father's Name:</b>	Phone: (w)	(h)	<b>Summer Camp</b>	
<b>Emergency Contact if parents unavailable:</b>	Phone:	Relationship:	<b>Fee:</b>	
<b>Family Physician/Phone:</b> _____ <b>Insurance/Policy #:</b> _____			<b>Nonresident Fee:</b>	
<b>List any medical concerns, known allergic reactions to bee stings, poison ivy, etc. or other special problems concerning your child:</b>			<b>TOTAL:</b>	
			<b>By:</b> _____	