

Cool Kids Camp



Ages 4 to 7

Full Day: 8:30 AM to 2:30 PM

Half Day: 8:30 AM to 12 PM

Location: SOWAMS SCHOOL

Sponsored by Barrington Recreation Department

Director: Michele Geremia

401.247.1900 x 381

Email: recreation@barrington.ri.gov

Cool Kids Camp Registration Form

June 29th to August 7th ~ Monday to Friday

PROGRAM REQUIREMENTS:

1. All participants must be between 4 and 7 years of age. Must be at least 4 years as of January 1, 2015.
2. A processing fee of \$30 will be charged for early withdrawals. No refunds will be given after the first week of the program. Please refer to our withdrawal and refund policy found on the waiver form.

Child's Name: _____ Boy _____ Girl _____

Address: _____

Birth Date: ____/____/____ Age: _____ Grade (as of fall 2015): _____

Allergies / Medical Conditions / Medications: _____

Cell: _____ Home: _____ Work: _____

Email (Required): _____

Parent / Guardian (print): _____

Parent / Guardian Signature: _____

Cool Kids Camp – Sowams School (ages 4 to 7) offers young children an opportunity to grow socially, academically, and artistically, with activities spanning from the creative arts to group games and reading.

Full Day: 8:30 AM to 2:30 PM

Half Day: 8:30 AM to 12 PM

Child must be at least **4 years as of January 1, 2015** and a copy of your child's **birth certificate required (no exceptions)**.

Check Session(s) below:

3 sessions that last 2 weeks

_____ **Session: I** **June 29 - July 2** **July 6 - July 10**

(Closed 7/3)

_____ **Session: II** **July 13 - July 17** **July 20 - July 24**

_____ **Session: III** **July 27 – July 31** **August 3 - August 7**

Check full day or half day below:

Cost Per Session

_____ **Full** Day Cool Kids Camp (8:30am – 2:30pm) \$130 Resident \$150 Non-resident

_____ **Half** Day Cool Kids Camp (8:30am -12:00pm) \$100 Resident \$120 Non-resident

Proof of Barrington residency required for reduced resident fee

Please return this form and waiver with your payment (**check payable to Town of Barrington**) to **Town of Barrington, Attention: Recreation Department, 283 County Rd, Barrington, RI 02806**. Or bring to the Recreation Department (lower level of Town Hall / cemetery side) by Tuesday before the start of the session. For more information please call (401) 247-1900 x 381 or email recreation@barrington.ri.gov.

AMOUNT PAID _____ CHECK # _____ CASH _____

Camp Waiver Form

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2015 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** Also, I understand that registrations for children requiring special attention are reviewed on a case-by-case basis with the Recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so that the staff will be able to provide a positive experience for each child.

Medical Conditions and/or Food Allergies: _____

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request between the first (1st) and fifth (5th) day of the program will receive half the program fee, minus a \$30 processing fee. An email or mailed written withdrawal after five (5) days of the program will receive no refund.

Parent / Guardian _____
Signature

Parent / Guardian: _____ Date: _____
Please print

Child(ren) Name(s) _____

EMERGENCY CONTACT INFORMATION:

Name of Contact: _____

Telephone: _____