

The Barrington Recreation Department invites you to a

HISTORY, MYSTERY CAMP



Ages 8 – 12

Tuesday to Friday
August 11 – August 14

9 AM – 12 PM



KIDS! ARE YOU READY FOR ADVENTURE?

Then the Barrington Government Center is the place to begin. Here you will enjoy exploring the history of Barrington by participating in fun activities that tell the story of your town. We will check out the Museum, the Town Hall and its jail cell, and wander through Prince's Hill Cemetery to find the oldest gravestones as we discover stories of the early settlers. Learn about the earliest Native American traditions. Take part in an archaeological dig; find buildings made with Barrington bricks; try bookmaking, mapping, journal writing, arts and crafts, music, and some very cool games including a scavenger hunt in the Library. We will walk along the bike path and discover the hidden histories of Barrington.

Fee: \$100



For more information please call (401) 247-1900 x 381 or email recreation@barrington.ri.gov

HISTORY, MYSTERY CAMP

Lower level of Town Hall Conference Room

Tuesday to Friday, August 11– August 14 ~ 9 AM – 12 PM

PROGRAM REQUIREMENTS:

1. All participants must be between 8 and 12 years of age.
2. Return form by Tuesday prior to start of camp

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: _____ Date _____

Signature

Fee: \$100

AMOUNT PAID _____ CHECK # _____ CASH _____ Receipt # _____

Mail completed form and waiver with 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) two weeks
prior to the beginning of camp.

For more information please call (401) 247-1900 x 381 or email recreation@barrington.ri.gov

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: _____

Telephone: _____