

2017 CHILDREN'S SUMMER RECREATION PROGRAM

The Village Parks and Recreation Commission is pleased to offer our extremely popular Children's Summer Recreation Program to be held at Memorial Park. Children between the ages of 6 through 12 will be treated to hours of fun and enjoyment this summer. And, the large shelter at Memorial Park provides a sun-free setting for games and entertainment.

This Program will be held on **Monday through Thursday** for five weeks. Since Tuesday, July 4th is a federal holiday, the Program begins on **Wednesday, July 5th** and will continue through **Thursday, August 10th**.

Children are divided into two age specific sessions. Children ages 6 - 8 will attend the morning session from 10:00 AM to 12:30 PM. Youth between the ages of 9 - 12 will attend the afternoon session from 1:30 PM to 4:00 PM. All program activities will be geared to the appropriate age groups.

The Park Field Office will be closed for lunch between the hours of 12:30 PM and 1:30 PM and there is no supervision available during that time period.

Registration will be held at on the 1st floor of Village Hall on **Wednesday, June 21st from 10:00 AM to 2:00 PM**. Please bring a completed registration application for each child being registered, along with **proof of Village residency** (tax bill, utility bill, etc.) A 1 inch by 1.5 inch photo of your child is required and will be used to create a photo ID card. If you have more than one child to register, blank application forms can be obtained at the Village Clerk's Office, on the Village website at www.vnhp.org, or on registration day.

This program is provided free of charge to Village residents. Non-village residents in the New Hyde Park 11040 zip code are eligible to participate, pending availability, with a \$100 program registration fee per child.

The Village Parks and Recreation Commission is confident that this Program will provide your children with great summer activities and entertainment. We encourage you to have your children participate.

*Where else should our Village children be,
than playing in our beautiful Parks.*

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Child's Name: _____

Child's Address: _____

Date of Birth: (Age as of July 1, 2017) _____

Child is in good health, except as listed below.

(Please describe below all allergies, drugs and medications, or any medical problems. If none, state "none"): _____

Parent/Guardian Name: _____

Home Phone: _____ Business #: _____ Cell #: _____

EMERGENCY CONTACTS:

1. Name: _____ Daytime Telephone: _____

Relationship to Child: _____

2. Name: _____ Daytime Telephone: _____

Relationship to Child: _____

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING:

In the event of a medical emergency, the procedure will be to call the parent or guardian, time permitting, before taking the child to the doctor or hospital. However, when neither parent nor guardian can be reached, the following permission will help ensure prompt attention.

I hereby give my permission for the recreation program leader or designee to transport my child to and from the doctor and or hospital for emergency treatment. I hereby give permission for the recreation program leader or designee to sign any consent that may be necessary to allow hospital personnel and/or any licensed physician to examine my child and perform any emergency treatment, which may be necessary, and to consent to the administration of any drugs or medication necessary to tender such emergency care.

I hereby agree to release the Village of New Hyde Park, members of the Board of Trustees, employees, agents, volunteers, and to hold them harmless and indemnify them for demands, liabilities and causes of actions arising out of or connected to personal injury, illness, death, or property damage resulting from any cause whatsoever other than their own negligence, and for any expenses incurred in the rendering out of any care and treatment so provided.

I understand that in the event of illness, or discipline problem, when in the judgment of the recreation program leader or designee, it is in the best interest of the child to be taken home, I will assume the responsibility for providing transportation home.

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

If the program location is changed due to inclement weather, notifications will be made via e-mail. Please provide your current e-mail address: (print clearly): _____