Raynham Park and Recreation
April Vacation Fun Club

APRIL AMUSEMENTS

When: Tuesday, April 21 – Friday, April 24, 2015
Who: Grades K-8
Where: LaLiberte School (Please use entrance closest to the gym)
Time: 8:30 am – 4:30 pm
Cost: $150 for the week, or $45 per day
Deadline: Registration due: by Friday, April 17th (space is limited!)

Reminders: Tues: Bring a lunch and snacks
Wed: Lunch will be provided (please bring snacks)
Thurs: Bring a lunch and snacks
Fri: Pizza will be served (please bring snacks)

Tuesday: UTTERLY ENTERTAINING!
Come and play… We have gym games galore, including some Park and Rec. classics like Bleacherball. We also have projects for our crafters… to entertain ALL!

Wednesday: FIELD TRIP FUN!
Jump aboard as we head to West Bridgewater’s own CHARLIE HORSE, for some great food, music, sports, games and more. This field trip includes…Lunch (Chicken fingers), and a game card (Spending money is optional, but recommended).

Thursday: MOVIE MANIA!
Come watch the magical transformation as we create our own movie theatre. Children will have all the luxuries of going to the movies at their fingertips without travel and crowds!! Courtesy of: FUNFLICKS.

Friday: RAVING REC!
Party it up with your peers, at the coolest dance party ever with DJ NATE; and get blacked out with creativity… with a new spin on old ventures that will have you glowing with envy! Pizza will be provided.

To register for our April Vacation Fun Club, please fill out the Registration form on the back of this sheet, and return to:
Raynham Park and Recreation Department
2254 King Philip Street, Raynham MA 02767
(508-824-2743)
April Vacation Registration Form

Please check the days you would like to register your child:

Full week: $150 / 4 days _____ Tuesday – Friday

Daily rate: $45 / day: _____Tuesday _____ Wednesday _____Thursday _____Friday

Amount Due: ________________

____________________________________________________________________________________________

Child’s Name ____________________________

Address ______________________________________________________ Phone_________________________

Eye Color____________________ Hair Color __________________ Grade __________________ D.O.B ____________

Identifying Marks_________________________________ Allergies/Special Needs:________________________

Parent/Guardian Names__________________________________________________________ / __________________

Relationship to Child________________________________________________________________________

Cell/Work Phone ____________________________ / _________________ / ____________________________

Email _____________________________________________ / ______________________________________

Child’s Physician ____________________________ Phone________________________

EMERGENCY CONTACTS:
I understand the staff at Raynham Park & Recreation are trained in the basics of first aid and authorize them to give my child first aid when appropriate. Further, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility. My child may be released to the following individuals:

Name_________________________________________ Phone________________________ Relationship____________________

Name_________________________________________ Phone________________________ Relationship____________________

I, the parent/guardian of the registrant agree that I and the registrant will abide by the rules of the Raynham Park and Recreation Department, its affiliated organizations, sponsors and staff. Recognizing the possibility of physical injury associated with this activity and in consideration for the Raynham Park and Recreation Department accepting the registrant for this program, I hereby release, discharge and/or otherwise indemnify the Raynham Park and Recreation Department, its affiliated organizations, sponsor’s staff, their employees and associated personnel, including the owners of the facilities utilized, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

____________________________________________________________________________________________

Parent or Guardian ____________________________ Date______________________________