

LEOMINSTER RECREATION DEPARTMENT
Sportsmania Program 2008 Ages 8 – 12

**Monday, June 30 – Friday,
August 8 (Closed on July 4th)**

Registrations are done on a first-come first served basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

Registrations and payments may be mailed to 25 West Street, Leominster, MA 01453 or dropped off at The Leominster Recreation Department, 40 Barrett Parkway, Leominster, MA for all programs. Make checks payable to the Leominster Recreation Department. Office #978-534-7529

Participant First Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

Sportsmania programs are rain or shine. Children will be introduced to the many fundamentals of sports and participate in creative games. The Programs will run for 6 weeks, 1 – week sessions, beginning June 30th and ending August 8, 2008. Hours are 8:00 – 4:00 p.m. There will be extended day offered in the **afternoons only** for an additional cost. The cost is \$5.00 per session from 4:00 – 5:30 pm. If you wish to sign your child up for extended day please fill out the extended day section.

Non-Resident Fee: Add \$5.00 per program per week.

EMERGENCY CONTACT INFORMATION

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.
Mother's Name: _____ () Mother's Phone #: _____
() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____
() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____
Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____
ANY SPECIAL MEDICAL CARE? _____
ACTIVITY RESTRICTIONS: _____

MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)
1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

PHOTOGRAPHIC CONSENT AND WAIVER

- ___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.
- ___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.
- ___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: _____ Date: _____

PLEASE FILL OUT PROGRAM INFORMATION ON BACK----->

First Name: _____ Last Name: _____

SPORTSMANIA

The deadline for weekly registrations with payments must be made on the Thursday prior to the following week. After the initial registration, further weekly payments can be made at program office if space allows. Office # 978-534-7529

SPORTSMANIA PROGRAM: Ages 8-12. Location: Leominster High school

**REGISTRATION FEE: WEEK 1: \$68.00 per child due to the holiday WEEK 2 – 6: \$85.00 per wk/ per child
 ADDITIONAL CHILD \$5:00 OFF PER WEEK! NO DAILY FEE!**

Week 1 June 30 – July 3	Week 2 July 7 – 11	Week 3 July 14 – 18	Week 4 July 21 – 25	Week 5 July 28 – Aug. 1	Week 6 Aug. 4 – 8
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WEEK 1: Will your child attend Week 1? YES: _____ NO: _____
 Please fill in extended time if needed: **CLOSED JULY 4TH**

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri **CLOSED**

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: July 2 – 6
WEEK 1: Cost for the Week: \$57.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____

WEEK 2: Will your child attend Week 2? YES: _____ NO: _____
 Please fill in extended time if needed:

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri _____

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: July 9 – 13
WEEK 2: Cost for the Week: \$85.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____

WEEK 3: Will your child attend Week 3? YES: _____ NO: _____
 Please fill in extended time if needed:

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri _____

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: July 16 - 20
WEEK 3: Cost for the Week: \$85.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____

WEEK 4: Will your child attend Week 4? YES: _____ NO: _____
 Please fill in extended time if needed:

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri _____

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: July 23 – 27
WEEK 4: Cost for the Week: \$85.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____

WEEK 5: Will your child attend Week 5? YES: _____ NO: _____
 Please fill in extended time if needed:

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri _____

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: July 30 – August 3
WEEK 5: Cost for the Week: \$85.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____

WEEK 6: Will your child attend Week 6? YES: _____ NO: _____
 Please fill in extended time if needed:

Extended Mon. _____
Day: Afternoons only! Tues. _____
(4:00 -5:30pm) Wed _____
 Thurs _____
 Fri. **NO EXTENDED CARE**

Total extended day hours: _____ X \$5.00/hr. = total: _____

Office use only: August 6 - 10
WEEK 6: Cost for the Week: \$85.00
 Extended Day Amt Paid: _____
 Total Amount Paid: _____
 Date: _____ Check # _____
 Cash: _____ Receipt # _____