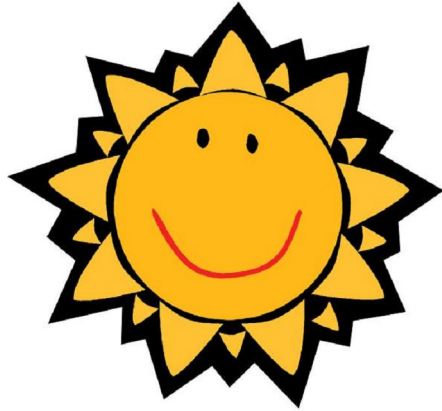


Mayor Carlo DeMaria, Jr.

City Works



Summer Program 2010

HANDBOOK

- **First Session: July 6-9**
- **Second Session: July 12-16**
- **Third Session: July 19-23**
- **Fourth Session: July 26-30**
- **Fifth Session: August 2-6**
- **Sixth Session: August 9-13**

**Headquarters for Camp is at the
George Keeverian School – Cherry St. side**

**Drop off and pick-up times are
8:00 a.m. to 4:00 p.m. Monday through Friday**

- 1) **General Statement**
- 2) **Dates of Operation**

- 3) **Hours of Operation**
- 4) **Ages of Children**
- 5) **Location and Daily Itinerary**
- 6) **Inclement Weather**
- 7) **Fees**
- 8) **Refund Policy**
- 9) **Registration**
- 10) **Waiting List for Program**
- 11) **Statement of Confidentiality**
- 12) **Program Operation**
- 13) **Staff**
- 14) **Statement of Non-Discrimination**
- 15) **Swimming at the Pool**
- 16) **Sports and Games**
- 17) **Field Trips**
- 18) **Photography and Videotaping**
- 19) **Clothing**
- 20) **Pick-up**
- 21) **Sickness**
- 22) **Health Care Policies**
- 23) **Administering Medications**
- 24) **Physical Exams**
- 25) **Emergency First Aid**
- 26) **Emergency Pager Number and Hotline Number**
- 27) **Fire Alarm Evacuation Drills**
- 28) **Behavior Management and Discipline Policy**
- 29) **Conclusion**

General Statement

City Works Summer Youth Camp is in its 13th year of operation under the direction of Mayor Carlo DeMaria, Jr. and the City Works Commission. City Works was designed with the intention of creating a structured, fun and safe environment for children in the City of Everett during their summer school vacation. We are a fun Summer Camp, not a summer school.

Dates of Operation

City Works Summer Youth Program will be available in (6) six, one-week, sessions, commencing Tuesday, July 6, 2010 and ending Friday, August 13, 2010. Your child may attend one or as many weeks as you would like provided you have secured a spot with a \$20.00 per week deposit and we have openings.

Hours of Operation

Hours of operation for camp are **Monday through Friday, 8:00 am to 4:00 pm**

Ages of Children

City Works Summer Youth Program will consist of school age children ranging from ages 6 through 13.

Location and Daily Itinerary

City Works Summer Camp will meet each morning at the Keverian School at 8:00 am and will participate in activities at the Everett DCR Pool and sports and games at Glendale Park On Fridays throughout this camp we take Fantastic Field Trips planned for the children. Pick-up time is promptly at 4:00 pm daily.

Inclement Weather

In the event of inclement weather, indoor activities will be planned at the Keverian School.

Fees

The cost of CityWorks Summer Youth Camp will be as follows:

\$120.00 for 1 week for one child. (Includes 40 hrs. per week No additional costs)

There will be a \$30 discount taken off for the second sibling in your family attending this program. (\$90.00)

Only cash or Money Orders payable to the City of Everett will be accepted as forms of payment.
..... personal checks will not be accepted.....

You may register for up to six (6) sessions by checking off the appropriate boxes on your City Works Application. First Come, First Served.

Non-Refundable Registration fee: At the time your completed application is dropped off, a non-refundable fee of \$20.00 per child/per week will be paid in the form of a Money Order payable to the City of Everett or cash payment for each week that the child will be attending.

Example: If your child is attending **all six weeks** a deposit of 120.00 (\$20.00 x 6) is required along with your completed application.

Weekly payments will be due the Wednesday before the week attending camp and then be \$100.00 to total the \$120.00 per week charge.

LATE FEES!!! A late fee of \$20.00 will be automatically applied if payment is not made the Wednesday before the upcoming week your child will be attending camp

Refund Policy

If your child leaves the City Works Summer Camp, is removed or suspended, you will not be entitled to a refund for the remainder of that particular week. However, if you prepay for more than one week, and your child will no longer be participating in the program, you will receive a refund (**minus non-refundable deposit**) for the additional full weeks that your child will not be attending. A written letter requesting a refund shall be addressed to Stacey Cotto Director, City Hall, Room 39, 484 Broadway, Everett, MA 02149.

Registration

Please complete the CityWorks Summer Youth Camp Application in its entirety and forward to City Works Summer Youth Program, Room 39, 484 Broadway, Everett, MA 02149

.The following must be attached to your Application at time of drop-off:

Copy of your child's Birth Certificate
A recent photo of your child.
Recent Physical (within one year) and list of immunizations from child's doctor.
\$20.00 per child, per week deposit in the form of a **money order or cash** to cover each week of registration.
(Example deposit of: \$100.00 = 5 weeks of camp @ deposit of \$20.00 per week).
\$120.00= 6 weeks of camp @ deposit of \$20.00 per week)

Please collect this information in advance and have it available to be submitted with Application. Arrange to have doctor's information by making a new appointment now if necessary.

Applications will be date-stamped upon receipt and will be reviewed and accepted on a first-come, first-serve basis. **Applications must include all of the requested information to be accepted.**

The first one hundred **complete** applications submitted per week will be accepted into the camp in an effort to keep the child-counselor ratio to a minimum.

You will receive written notification as to the acceptance of your child to the camp.

Payments for weeks will be due by the Wednesday of the preceding week by 4:00 pm as follows:

Payment Schedule WEDNESDAY Due Dates

Week 1 due: June 30

Week 2 due: July 7

Week 3 due: July 14

Week 4 due: July 21

Week 5 due: July 28

Week 6 due: Aug. 4

LATE FEES!!! A late fee of \$20.00 will be automatically applied if payment is not made the Wednesday before the upcoming week your child will be attending camp

Only money orders made payable to the City of Everett or cash will be accepted as forms of payment

Be sure to include your child's name and Week # on Money Order and keep receipt.

You may register for various sessions by checking off the appropriate box on your City Works Application, include deposit fee, and make payments as stated above on a weekly basis.

Non-Refundable Registration Fee: At the time the completed application is dropped off, a non-refundable fee of \$20.00 will be paid in the form of a Money Order or cash for each week that the child will be attending.

Waiting List for Program

City Works Summer Camp will be filled on a first-come, first-serve basis. Applications for those who were not one of the first to register for the program will remain on file. If a vacancy becomes available, the next applicant from the waiting list will be contacted.

Statement of Confidentiality

All medical information provided in the CityWorks Summer Youth Program Application, except for information provided on the Emergency Card or consent forms, will be considered privileged and confidential.

Program Operation

Please note, this is a self-sustaining program. In the event we are unable to fill the program, it may be necessary to make staffing or group adjustments as deemed appropriate by the CityWorks Committee without prior notification to the parents.

Cancellation of weeks, or the entire program, will be subject to the Commission's discretion. Parents will be notified accordingly.

Staff

The City Works Committee and its Director will oversee the day-to-day operation of City Works Summer Camp.

Statement of Non-Discrimination

CityWorks Summer Camp is a multi-cultural program that does not discriminate.

Swimming at Pool

Children will have the opportunity to enjoy a private swim at the pool Mondays through Thursdays mornings. Lifeguards and Certified Swim Instructors will be available at the pool. Children will follow the pool guidelines and instructions of the lifeguards and CityWorks Counselors. Counselors will be an additional source of

supervision at the pool; however, they are not certified swim instructors. Please stress to your child that he/she must obey the counselors' instructions for safety reasons.

Sports and Games

Non-competitive, low impact sports and games will be incorporated into the program on Monday through Thursday. Games vary from softball, kick-ball, volleyball, horseshoes, etc.

Field Trips

To add diversity to the program, every Friday a field trip will be scheduled. **All** children present at the program on Fridays will be required to attend field trips. If you wish to not allow your child to attend the field trip, you will be asked to keep your child home for that day as all counselors and nurses will accompany children during field trips.

Children will bring bag lunches, snacks, and a water bottle every Friday. A notice regarding the location of the field trip will go home on a weekly basis on Thursday. The Permission to attend Field Trips form in the application packet will serve as a universal permission slip and will grant permission for each child to attend all field trips unless otherwise indicated by the parent or guardian.

If your child is on routine medication or testing, the parent/guardian, or their designee, will be required to attend the field trip, at their own expense, to supervise or administer the medication or testing.

Photography and Videotaping

Children may occasionally be photographed and videotaped throughout the six one-week sessions. Photographs may be placed in local newspapers for advertising purposes. Videotaping may be aired on local cable access television and may be shown to children and staff members.

Clothing

Children will be provided with a T-shirt upon acceptance into the program and for safety purposes are required to wear their T-shirt on a daily basis. Two T-shirts will be given to your child if attending two weeks. Additional t-shirts will be available at the cost of \$7.00 each. **FOR GROUP SAFETY REASONS T-SHIRTS MUST BE WORN.** There will not be any exceptions. (One T shirt to wear, one to wash)

Children are required to bring a swimsuit, towel, rubber thongs, hat, sunscreen and a water bottle on Monday through Thursday. It is recommended that children take a plastic bag to place their wet swimsuit and towel and, if necessary, an extra change of clothes.

Please clearly mark all your child's personal belongings with their full name and telephone number, including his or her backpack, and CityWorks T-shirts, using permanent marker.

CityWorks Summer Camp is not responsible for any lost, misplaced, damaged or stolen items.

Pick-up

All children must be picked up **PROMPTLY at 4:00 p.m. at** the George Keverian School, Cherry St. side. Hours of operation are 8:00 a.m. until 4:00 p.m. only.

Any child who is picked up late on more than 2 days will be subject to review by the City Works Committee. Continuous abuse of late pick-up may result in the child's termination from the program. Please understand that the counselors would like to leave on time after their busy day. One counselor will remain with any children not picked up at 4:00 but again child will be asked to leave if late pick-up is more than 2 days.

If your child is age 12, you may indicate on your Authorization to Release Child Consent form that your child has permission to leave the program without a parent or guardian. We strongly encourage parents/guardians of these children to make arrangements for their child to walk home in a group with other children. It is the responsibility of the parent or guardian to insure that his or her child has arrived at the program safely and has arrived home safely.

Sickness

It is the responsibility of the parent to keep their child home if their child has any of the following ailments: temperature, diarrhea, vomiting, impetigo, conjunctivitis, strep throat, scarlet fever, chicken pox, ear infections, respiratory infections, head lice, scabies, hand-foot-mouth disease or any other contagious medical conditions.

No refund will be provided if your child is absent from the program.

Health Care Policies

If a child becomes ill during the course of the day, a staff member will contact the parent or guardian to ask that the child be picked up. The child will be monitored by the Nurse or Head Counselor until such parent or guardian or designee, arrives to pick up the child. Be sure your emergency pick-up information is on file with your application.

Administering Medications

No staff member will be allowed to administer medication, whether prescription or over-the-counter, to any child. If your child is on routine medications, you will be contacted by the Program Nurse to make all necessary accommodations.

Physical Exams

Every child shall furnish CityWorks Summer Camp with the following prepared and signed by a doctor, or nurse practitioner;

- Physical examination conducted during the preceding 12 months.**
- Copy of up-to-date list of immunizations received from child's doctor.**

Emergency First Aid

The Head Counselor, or staff member, may perform simple first aid in the event of injury or illness to a child.

In case of a major accident, injury or illness requiring immediate medical or surgical care, the Program Nurse and/or staff member will contact 911 and have the child transported to a medical facility in order to secure any necessary medical treatment for the child. The Program Nurse and/or Head Counselor will obtain the necessary information and attempt to notify the parent or guardian. The child's parent or guardian shall incur all costs associated with any medical treatment.

Emergency Pager Number, Hotline Number

In the event you need to remove your child from the program earlier than 4:00 pm please call Stacey Cotto at 617-394-2262.

Fire Alarm Evacuation Drills

In order for an evacuation procedure to be effective in the event of an emergency, each student will need to be familiar with the location of the exits while at camp. Emergency evacuation exercises will be conducted to insure the safety of the children.

Behavior Management and Discipline Policy

Children are encouraged to practice social skills that will allow them to resolve conflicts and have their needs met without the use of harmful or destructive behaviors. This is seen as a means of preventing behavioral difficulties between children and lessening the need for disciplinary action on the part of the staff.

When disciplinary situations occur which require intervention, counselors provide the child with clear explanations as to why specific behavior is inappropriate and help them to find alternative behavior that fits within the camp guideline of behavior. These guidelines revolve around concerns for the safety of all children. If a child is unable to manage his or her behavior on a particular occasion, a counselor may ask him or her to sit out for a few minutes in order to regain control.

After sitting out for a few minutes, and if further conversation does not remedy the situation, the child's parent or guardian will be contacted and the child will be removed from the program for the remainder of the day.

If a child continues to demonstrate unruly behavior, the Head Counselor will inform the City Works Committee, and disciplinary action will be discussed ranging in action from short-term suspension to termination from the program.

Conclusion

It is the desire of the CityWorks Committee to create a structurally safe summer program that is both socially educational and fun for the children. *This is a summer fun camp not a summer school!*

If you have any questions, please do not hesitate to contact Stacey Cotto at the City Works Summer Youth Program at 617-394-2262.

Thank you for your interest in this fantastic camp and we look forward to the 13^h successful year of CityWorks Summer Camp and to a great summer!

City Works Summer Camp 2010 Committee Members

Stacey Cotto, Camp Director

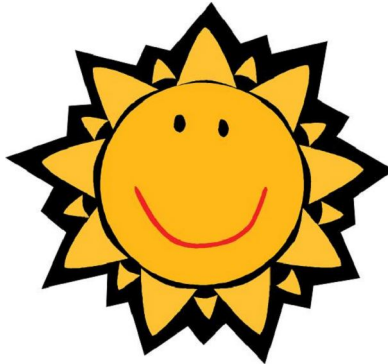
Tricia DiBiase, Head Counselor

Deb O'Neill RN, Everett Board of Health

Marzie Galazka, Director of Community Development

Child's Name _____

Mayor Carlo DeMaria, Jr.



City Works Summer Program 2010

APPLICATION

Held at George Keverian School

Please check off all Sessions that you request.

- First Session: July 6 - 9**
- Second Session: July 12 - 16**
- Third Session: July 19 - 23**
- Fourth Session: July 26 - July 30**
- Fifth Session: Aug. 2- 6**
- Sixth Session: Aug. 9 - 13**

Drop off campers at Cherry Street side of Keverian School at 8:00 a.m., Monday through Friday.

**Pick-up time is promptly at 4:00 p.m. at
the same location.**

Child's Name: _____ Child's Age: _____

Address: _____

Home Telephone _____ Birth Certificate Included: Yes ___ No ___

Mother's Name _____ Mother's Daytime Telephone _____ -

or Guardian's _____ Cell # _____

Father's Name _____ Father's Daytime Telephone _____

or Guardian's _____ Cell# _____

.....
I am signing up my child for the following week(s) at \$120.00 per child, per week. Includes breakfast, lunch, afternoon snack, Field Trip, T-Shirt and much more.
Cost for second sibling is \$90.00 Please check all that apply:

Please include a non-refundable Registration Fee of \$20.00 per week/ per child for each week of participation in this program. \$20.00 will be deducted from weekly total of \$120.00. Weekly Balance will be \$100.00 for first child. \$70.00 for each additional child in family. One Money order is fine for total amount of deposits.

Only Money Orders or Cash will be accepted as payment. No personal checks please.

Week 1 ___ July 6-9 Reg. Fee Incl. ___ Week 4 ___ July 26-30 Reg. Fee Incl. ___
Week 2 ___ July 12-16 Reg. Fee Incl. ___ Week 5 ___ Aug. 2-6 Reg. Fee Incl. ___
Week 3 ___ July 19-23 Reg. Fee Incl. ___ Week 6 ___ Aug. 9-13 Reg. Fee Incl. ___

.....
Non-Parental Pick-Up information. In case of emergency: (MUST BE COMPLETED in the event parents cannot be reached during the day)

Name: _____ Relationship: _____

Address: _____ Daytime Telephone # _____

or call:

Name: _____ Relationship: _____

Address: _____ Daytime Telephone # _____

I hereby authorize my child to be released to the above individuals.

Parent/Guardian Signature _____ Date _____

Child's Photo Identification Sheet

Please provide a recent photograph of
your child for identification purposes.

(Tape picture over this spot)

Description of Child

Eye Color: _____ **Hair Color:** _____

Height: _____ **Weight:** _____

Sex: _____ **Race:** _____

Name of Child's Doctor _____

Doctor's Telephone Number _____

Doctor's Office Address _____

City _____

Allergies to:

Medications NO YES: _____

Food NO YES: _____

Insect Bites NO YES: _____

Medical Conditions:

Asthma NO YES: _____

Seizures NO YES: _____

Diabetes NO YES: _____

Will your child be taking any medications during camp hours? NO YES

I hereby grant permission for my child to be given emergency treatment if I can not be reached.

Relationship _____ Signature _____ Date _____

Attachments

...(Must be included with this Application at time of sign-up)...

- 1) Attach recent Physical form and List of Immunizations from child's doctor.
(Must be dated within one year) _____
(Included)

- 2) Attach a copy of child's Birth Certificate. _____
(Included)

- 4) Attach a copy of the Medical Insurance card which covers your child. _____
(Included)

- 5) One Money Order or cash payment (\$20.00 per week/per child deposit to RESERVE a spot in camp) _____
(Included)

(EXAMPLES: 6 weeks: \$20.00 x 6 = \$120.00 Money Order or cash for deposit). 2 weeks: \$20.00 x 2 = \$40.00 Money Order or cash for deposit

.....
PLEASE DO NOT WRITE BELOW THIS LINE

Medical Condition(s): YES/NO. If yes, forward to Board of Health.

Date of BOH Review: _____

Nurse Reviewing Application: _____

Parent/Guardian Contacted to Make Accommodations: Date: _____

Follow-up letter documenting accommodations sent to Parent/Guardian (attach copy of letter for file).

Additional Comments:

Parental Permission to Leave

SIGN THIS BOX ONLY IF YOUR CHILD IS AGE 12 or over:

I allow my child to leave the Summer Program on his/her own at 4:00 p.m. on a daily basis without a parent or guardian. I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

.....

C O N T I N U E

Consent for Emergency Medical Treatment

I, the parent or lawful guardian of _____, hereby state that I have read and understand the statement of Emergency First Aid in the CityWorks Summer Program Handbook.

I hereby authorize the staff of the CityWorks Summer Camp to perform simple first aid in the event of injury or illness to my child.

In case of an accident, injury or illness requiring medical attention, the Nurse, or staff member, will obtain the necessary medical treatment. The staff will notify the parent or guardian of each incident and will document each incident in the child's file. If the injury or illness is of a serious or life-threatening nature, the staff will initiate contact with the 911 Emergency Response Center and the child will be transported to the nearest emergency medical facility.

I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

Medical Insurance Company

Membership Number

VI. Consent for First Aid

I understand that the CityWorks Summer Program staff is certified in basic first aid procedures. I authorize the staff to provide first aid to my child.

I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

VII. Consent to Use Pool

I give my child, _____ permission to be escorted by a CityWorks Summer Program counselor to swim at the Pool under the rules and regulations as set forth under the Pool guidelines.

I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

Permission to Attend Field Trips

I give permission for my child, _____, under the supervision of staff members of the CityWorks Summer Program to attend field trips. I understand that a notice regarding the details of the field trip will be sent home on a weekly basis.

I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

Permission to Photograph and Videotape Child

I consent and give permission for my child _____ to be photographed during the summer program and agree to allow my child's photograph to be placed in local newspapers and/or on cable television for advertising purposes.

I consent and give permission for my child to be videotaped during the summer program and understand the purpose of the videotaping is to view the children participating in the program. I consent to the use of the videotaping of my child for cable television and/or for advertising purposes.

I hereby agree to indemnify, defend and hold harmless the City of Everett, and/or CityWorks, its employees, committee, heirs, executors, administrators, successors, and assigns, from any claims or demands for damages or injuries to my child or children, or any property, as a result of, on account of, or growing out of any events, circumstances or incidents.

Parent/Guardian Signature

Date

Behavioral Contract

PARENT; PLEASE READ AND EXPLAIN THIS CONTRACT TO YOUR CHILD.

All children planning to attend must read and sign this Behavioral Contract

- I will be polite to others.
- I understand there will be no name calling or teasing.
- I will have respect for others and myself.
- I understand no foul language will be used under any circumstances.
- I will talk to my counselor if there is anything bothering me at camp.
- I will treat others the way I would like to be treated.
- If any children are in danger I will report it immediately to one of my counselors.
- I will not fight, grab or push any other child in the CityWorks program.
- I must always be on my best behavior whether I am in Everett or on a field trip.
- I will stay with my group on field trips and do what my counselor says.
- I will speak to, and treat others, the same way I would like to be spoken to and treated.
- I will not talk to strangers, or go with strangers at any time including when I am on a field trip.
- I WILL ALWAYS STAY WITH MY COUNSELOR.
- I WILL LISTEN CAREFULLY TO MY COUNSELORS AND FOLLOW THEIR INSTRUCTIONS.
- I KNOW THAT IF I FOLLOW THESE RULES CAMP WILL BE A LOT OF FUN FOR ME AND FOR ALL MY NEW AND OLD FRIENDS AT CAMP!!!!!!!!!!!!!!

This is a behavioral contract for the children in the CityWorks Summer Program. By reading the above rules and signing below, each child is agreeing to practice acceptable social behavior.

If this contract is broken, action will be taken by the CityWorks Committee to resolve any behavioral problems that disrupt the program. If there are behavioral problems your child will not be invited to come back to this program.

Child, Print Signature

Parent or Guardian Signature
I have explained rules of summer program

Parental Enrollment Agreement

I, _____, parent/guardian of _____, acknowledge that I have read the CityWorks Summer Camp Handbook and agree to the following:

1. I will abide by the rules and policies set forth in the Handbook and by any subsequent notices that serve as addenda to the Handbook.
2. I understand that all of the pre-registration forms for my child, including health record, birth certificate, insurance information, etc. must be complete at the time I register my child.
3. I will abide by all the policies for hours of care and recognize that late pick-up may result in denial of the privilege of the program. I will arrange for an authorized person to pick up my child in the event I will be later than 4:00 o'clock on any day during the time my child is attending City Works Summer Program.
4. I understand that my child will be released only to the people designated on the Authorization and Consent Sheet signed by me.
5. I will make arrangements to have my child's weekly tuition PAID IN FULL by the Wednesday before Monday of the participating week in one of the following ways.....

1. Payment may be placed in the drop-off box (anytime) as long as it is received by the Wednesday before the participating week at the locked mail slot at City Hall Broadway entrance on the left side at the front door.
2. Payment may be delivered in person by the Wednesday before the participating week by 12.00 p.m. to *The Receiver at the Collector's Office, Room 13, First Floor, Everett City Hall, 484 Broadway, Everett, MA.*

I have included the non-refundable \$20.00 weekly deposit, in the form of a Money Order or cash payable to City of Everett, along with this application for each week that my child will be attending. (Example \$20.00 x 6 weeks = \$120.00 money order or cash included with this application if child is attending all six weeks). Then the weekly payment will be \$100.00 to total the \$120.00 per week charge. Again, the Receiver at the Collector's Office, Rm 13, First Floor Everett City Hall will accept weekly payments.

Parent/Guardian Signature/Date

If you have any questions about this payment plan please call: Stacey Cotto at 617-394-2262.

PLEASE MARK DATES ON YOUR CALENDAR FOR WEEKLY WEDNESDAY PAYMENTS

PAYMENT SCHEDULE			
Week Date		Payment Due Date:	
July 6-9	Week 1	June 30	Balance due =
	\$100.00		
July 12-16	Week 2	July 7	“
July 19-23	Week 3	July 14	“
July 26-30	Week 4	July 21	“
Aug. 2-6	Week 5	July 28	“
Aug. 9-13	Week 6	Aug. 4	“

LATE FEE!!! Please note that an automatic late fee of \$20.00 will be applied if payment is not received the Wednesday before the week of attending camp.

We the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in City of Everett voluntary athletic programs or recreational programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the City of Everett, a municipal corporation of the state of Massachusetts, and its successors, departments, officers, employees, servants, and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardians(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the City of Everett voluntary athletic programs or recreational programs. FURTHERMORE, we/I hereby agree to protect the City of Everett and its successors, departments, officers, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of resulting from injury to said minor in connection with his/her participation in the City of Everett voluntary athletic or recreational, and to INDEMNIFY, reimburse or make good to the City of Everett or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the City or its representatives may have to pay if any litigation arise from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Everett voluntary athletic or recreation programs with full knowledge

that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in City of Everett voluntary athletic or recreation programs.

Signature of Parent or Guardians	Date	Relationship
----------------------------------	------	--------------

Signature of Parent or Guardian	Date	Relationship
---------------------------------	------	--------------

Signature of Camper	Age
---------------------	-----

Print Camper's Last Name	First Name	Middle
Initial		

Home Address	Zip Code
--------------	----------

Telephone

For Sports:

Physical Exam: I, the undersigned parent or guardian of said minor above, understand that I am required to provide a physical exam prior to said minor's participation in the City of Everett's voluntary athletic programs. Proof of this physical exam by a private doctor must be on file with the City of Everett's Personal Director or designee prior to any participation. Physical exams must be taken and documented yearly.

Signature of Parent or Guardian	Date
---------------------------------	------

Signature of Student	Age
----------------------	-----

CHECK LIST FOR PARENTS TO COMPLETE

PARENTS: PLEASE CHECK OFF ATTACHMENTS INCLUDED:

- PHOTOGRAPH OF CHILD ATTACHED
- PHYSICAL FROM CHILD'S DOCTOR, INCLUDING LIST OF IMMUNIZATIONS (Must be current - Within one year)
- MEDICAL INSURANCE CARD (Copy)
- BIRTH CERTIFICATE (Copy)
- NON-REFUNDABLE WEEKLY DEPOSIT INCLUDED
(\$20.00 PER WEEK/ PER CHILD PLEASE)

....MONEY ORDER OR CASH ONLY

***Just use one money order or cash for all
deposits***

\$20.00 per week x () weeks = \$_____ included with this application.

1 week	\$20.00	4 weeks	\$80.00
2 weeks	\$40.00	5 weeks	\$100.00
3 weeks	\$60.00	6 weeks	\$120.00

Then weekly payment will be \$100.00 due the Wednesday before camp.

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS APPLICATION.

We look forward to having your child attend City Works Summer Program,

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Call Stacey Cotto at 617-394-2262 if you have any questions regarding this summer program. Thank you.

