

# Amesbury Youth Recreation

## AMS Adventure Program

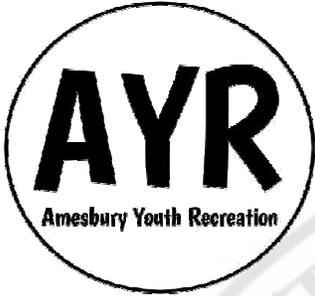
2016-2017

September 6—June 15

Amesbury Middle School

2:30pm-5:30pm

Monday—Friday



### Payment options

1 Day Week	2 Day Week	3 Day Week	4 Day Week	5 Day* Week	Drop In* Rate
\$88/month	\$150/month	\$192/month	\$208/month	\$270/month <small>\$10 sibling discount available</small>	\$25/day

#### Drop In students:

Must have registration form on file at the Recreation office 24 hrs. before your child attends as a drop in. Payment must be made before your drop in date, unless previous arrangements have been made with Rec. office.

**Program is held on Professional Release Time (PRT) days!**

**If your child does not regularly attend on scheduled PRT day they may DROP IN for \$35/day!**

**Payment is due by the 1st of the month every month.**

**Late payments will incur a \$10 late fee.**

### Important Information:

\*Program takes place in AMS Cafeteria.

\*Open to all 5th & 6th graders.

\*Children will not be released from the program without a parent/guardian present to sign them out.

**AMS Adventure Program Services will not be provided:**

- ◇ In the event of school cancellation
- ◇ School holidays
- ◇ Early release day before Thanksgiving break.

\*program is held on Professional Release Days beginning at 12:30

We offer vacation programs during Feb. & April!

**REGISTRATION FORM ON BACK OF THIS SHEET**

Min. 24 hours registration processing time.

### NEW this year!

\*Adventure days

4 week enrichment programs on & off program grounds including archery, disc golf, low ropes elements, sledding, ice skating, Camp Kent Nature Center, cooking, yoga, and more!

\*Bonus Field Trips

Participants have the chance to earn monthly Bonus Field Trips by showing exemplary behavior during program hours and Adventure Days

**Each week your child will choose which day his/her adventure will be (Tuesday or Wednesday).**

**All adventures and field trips are contingent on positive behavior during program hours.**

**Middle School After School Program Registration Form 2016- 2017**

Payments due by the first day of the month or \*\* \$10 Late fee will be charged \* Please choose days of week ahead of time  
 Payment options: 5 Days (\$270/mo.) 4 days (\$208/mo.) 3 Days (\$192/mo.) 2 Days (\$150/mo.) 1 day (\$88/mo.) \$25/day

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Guardian _____ Relationship _____	Primary Guardian _____ Relationship _____
Address _____ Home phone _____	Address _____ Home phone _____
Cell phone _____ Business Phone _____	Cell phone _____ Business Phone _____
E-mail _____	E-mail _____

**YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED !!**  
 Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact: (E.g.: Grandparent, aunt, etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address (include city and state) \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
 Please list all others who may have permission to pick up you child (include name and phone #)

Family/Child's Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company and Policy # \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Allergies/special diets 1. \_\_\_\_\_ 4. \_\_\_\_\_  
 Chronic Health Conditions \_\_\_\_\_

**\*Please Note: There is no nurse on duty- We do not administer medication except for assistance w/ epi-pens.**  
 Participation in this sport/activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program. I understand that the program is **NUT Sensitive** and I will not provide my child with a snack or any other peanut related materials. I understand that my child(ren) can be dismissed from the program for violations of the behavior code. I agree to pay my fees each month and/or contact the Program Director if I will be late. I understand that my child(ren) can be dismissed from the program if my fees remain unpaid for over one month (without consent from the Program Director).

\_\_\_\_\_  
 PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.*

Which days do you expect your child to attend?

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_  
 \*If there is a change, please call or bring a note.  
 PLEASE MAKE CHECK PAYABLE TO: CITY OF AMESBURY, Please return form and payment to: Kathy Crowley-Youth Recreation Director, 68 Elm St.