

**Summer Adventure Program
Registration Form**

Student Name: _____ **DOB:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____

Grade next fall: _____

Mother's Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

E-mail: _____

Father's Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

E-mail: _____

Emergency Contact Other than Parents

Name: _____

Home Phone #: _____ **Work #:** _____ **Cell #:** _____

If parents are separated, who has primary residence: _____

Parents and Guardians:

- 1) I give permission for my child to participate in all planned activities and programs on and off the CPS campus which may include swimming at Angevine Park, Songo Pond, Greenwood Beach, The Covered Bridge, The Letter S., hiking trips in the greater Bethel area, and weekly field trips.
- 2) I understand that MKA does not refund program fees.
- 3) I understand that fees are due BEFORE attendance each week.
- 4) I understand that I am responsible for any medical expenses that may be incurred by my child while he or she is attending S.A.P.
- 5) I authorize MKA to take and use photos, slides, and/or videos of my child during the program for use in publications including power point presentations, weekly newsletters, newspaper articles and social media.
- 6) My child understands that S.A.P. involves physical activity and working cooperatively in groups, and that he or she is capable of participating in S.A.P. activities.

Signed (parent or guardian)

Date

MAHOOSUC KIDS SUMMER ADVENTURE PROGRAM

MEDICAL INFORMATION SHEET

Current Medications	Allergies	History	Diseases
To be Taken:			
At Home _____	Hay Fever: _____	Frequent Ear Infections _____	Chicken Pox _____
At SAP: _____	Ivy Poisoning: _____	Heart Defect/Disease _____	Measles _____
Medication: _____	Insect Stings: _____	Convulsions _____	German Measles _____
Dose: _____	Penicillin _____	Diabetes _____	Mumps _____
Time: _____	Other (please List) _____	Bleeding/Clotting Disorder _____	Other (Please List) _____
		Mental Condition _____	
		Mononucleosis _____	
		Asthma _____	

Date of last tetanus shot: _____ Chronic or recurring illnesses or medical condition: _____

Operation or serious injuries: _____ Dietary Restrictions: _____

Family Physician: _____ Phone number: _____

Swimming Ability: _____
 Never Been _____ Beginner _____ Intermediate _____ Advanced (swim test given) _____

Emergency Medical Release

In the event that my child _____ should have a sudden illness or accident at MKA SAP, I understand that the staff will attempt to contact me or the above emergency contacts, for instructions. If unsuccessful, or in the event that the staff member in charge views the situation as critical, I request that the family physician listed above be called. If emergency treatment is needed, I authorize MKA to request assistance from the Paramedic and consent to any emergency treatment that is recommended by Paramedics or Emergency Room Staff. It is understood that every effort will be made to contact the parents or other priority person before treatment is given ~~but that treatment will not be withheld if parent cannot be reached.~~ It is also understood that I will be responsible for all costs involved in treatment of this minor.

Signature of Parent or Guardian: _____ Date: _____

Drop off and Pick up Authorization

I am aware that for safety reasons I am required to sign my child in and out of the program. Check in will be located in the cafeteria. Morning drop off is between 8:00 and 9:00 AM. Afternoon pick up is by 4 PM. I am aware that early care and extended care is available for additional charges. The following persons are authorized to pick up my child. If my child is to be picked up by a person other than me or those listed below, I will send a note or call 824-7007 to make the change. I am aware of Mahoosuc Kids Association's responsibility, and understand that they will keep my child at Crescent Park if they do not have consent to pickup my child. Proper photo ID maybe needed.

Name: _____ Phone: _____

Name: _____ Phone: _____

Authorization to be included in photos:

I grant permission for photos or video of my child and/or examples of his/her work during the SAP program to be included in publications such as (but not limited to) local newspapers, local television. Display boards for public viewing and other promotional/social media as well as the Mahosuc Kids web site.

Parent/Guardian Signature: _____

Date _____

Mahoosuc Kids Association

Summer Adventure 2018

Field Trip and Water Activities Authorization

Childs Name: _____

We will be taking the following trips, which may include water activities for the SAP 2018.

All field trips leave at 9:00 am and return at 4:00 pm (SUBJECT TO CHANGE)

DESTINATION AND ADDRESS:	Date:
1. Echo State Park~ North Conway, ME	6/27/18
2. Closed	Closed
3. Mt. Blue State Park~ Weld, ME	7/11/18
4. Children's/Maine State Museum Portland/Augusta	7/18/18
5. Sea Dog Game/Range Pond~Portland/Poland, ME	7/25/18
6. Crescent Beach~Cape Elizabeth, ME	8/1/18
7. Lost River Gorge~North Woodstock, NH	8/8/18
8. Sebago Lake State Park~ Casco, ME	8/15/18

Mondays: Greenwood Beach Weekly 1:00 to 3:30pm

Tuesdays: Angevine Park Weekly 1:00 to 3:30pm

Thursdays: Covered Bridge or Letter S Weekly 1:00 to 3:30pm

This Section to be completed by Parent or Guardian:

Please describe your child's swimming ability and list any experience:

Please sign below to indicate which trips and activities you give your child permission to attend and participate in.

My child may attend the following days or trips #'s: _____

Signature of Parent or Guardian: _____ Date: _____

Summer Adventure personal must ensure compliance with all DHS rules regarding water activities, field trips and transportation; Including but not limited to supervision and staff to child ratios at all times. Summer Adventure does not allow the use of floaties, water wings, noodles, etc. It is our believe children will better respect their swimming abilities when not relying on these items. Parents may send a USCG certified PDF for their child if they wish. These are not provided by the Summer Adventure Program.

2018 Reservation Information:

		Mon	Tues	Wed	Thurs	Fri
Week #1	6/25-6/29					
Week #2	7/2-7/6			Closed		
Week #3	7/9-7/13					
Week #4	7/16-7/20					
Week #5	7/23-7/27					
Week #6	7/30-8/3					
Week #7	8/6-8/10					
Week #8	8/13-8/17					

** Check all applicable boxes

MKA offers Swimming lessons on Tuesday morning for enrolled children. Please call 824-7007 or email mka@sad44.org for registration form. This program fills up fast!

MKA will be offering two 3 week sessions of Mountain Biking to Pioneers (grades 4-6) only on Tuesday and Friday mornings. Please call 824-7007 or email mka@sad44.org for more information and enrollment form.



Mahoosuc Kids Association
 Summer Adventure Program Parent Contract
 (Please complete a separate Contract for each child)



The MKA Summer Adventure Program serves children entering Kindergarten through grade six who are from or visiting the greater Bethel/ MSAD # 44 area.

Child's name: _____ Town: _____
 Grade entering in fall: _____

Fee Schedule:

All fees must be paid in advance, on or before the first day each week in order to receive the reserved rate fee of \$30.00 per day.

Non-reserved slots, based on availability, may be issued by MKA staff at the drop in rate of \$35.00 per day.

All reservations for undetermined days of care must be made 24 hours in advance of the day needed in order to be considered reserved. Payment must be made on the day of care to receive reserved rate if granted.

Absences are not refunded. Absences due to illness or family emergency may be credited if approved by the MKA director.

Invoices for SAP fees are only generated on delinquent accounts. All unpaid accounts fall delinquent at the end of the first unpaid week and children may not return to the program until a payment arrangement has been reached with the MKA director.

Scholarships may be available based on need. Contact the MKA Director for details.

Early childcare is offered from 7:30 AM until the program begins at 8:00 AM. Early care is held in the cafeteria at the rate of \$5.00 per child per day.

Extended childcare is offered from 4:15 PM until 5:30 PM and is also held in the cafeteria. The daily rate for extended care is \$5.00 per child per day.

If a child is picked up after closing time (5:30 PM), parents will be charged \$5.00 for each 15 minute interval or part thereof. Repeated late pick-up may result in a child's dismissal to the program.

Pursuant to contract between MSAD # 44 and Mahoosuc Kids Association by which MKA has permission to use MSAD #44 facilities, all participants in the MKA programs including the Summer Adventure Program must follow the MSAD #44 Code of Conduct, a copy of which is available upon request.

I have read all provisions of this contract and agree to abide by all terms, conditions and policies as set forth.

 Parent/Guardian Signature _____
 Date

OFFICE USE ONLY
 Date received: _____ Date Entered: _____ Forms received: _____ Sign-Up
 _____ Enrollment
 _____ FT/Swim

Mahoosuc Kids Summer Adventure Program
Acknowledgment and Acceptance of Risks and Liability Release
PLEASE READ CAREFULLY

WARNING: All forms of summer activities, such as , but not limited to hiking swimming, golfing, biking, games, archery, and activities are hazardous with many inherent risks. Also be aware that your child will partake in activities outside of the base ground of Mahoosuc Kids Association. Transportation off site will be provided by SAD#44 school busing.

I am fully aware that summer activities may be considered hazardous and that falls and other injuries are common occurrences in these activities no matter how attentive the caregiver may be. I accept, for myself, the full responsibility for any and all such damages or injuries of any kind that may result from the actions of the minor child enrolled in the summer program. As a condition of being permitted to enroll the child in this program and to use Mahoosuc Kids Association premises, I hereby **PROMISE NOT TO SUE** their owners, employees, agents, or landowners as I **FREELY AND VOLUNTARILY ACCEPT ALL RISKS** of injury, death, or property damage occurring thereon, or occurring at another facility where Mahoosuc Kids Association programs is participating in an activity.

I hereby assume and accept all risks of loss, property damages, and personal injuries, that my child may encounter while on or off premises, and hat may be sustained by my child or to any property of mine or my child while in, on, or off said Premises, whether or not connected with or related in any way to the summer program, including **any alleged negligence** in the operation, maintenance, or design of the premises on the part of **Mahoosuc Kids Association** or any of its officers, directors, owners, agents, or employees, or any of the facilities Mahoosuc Kids Association will participate in activities at. I also agree to indemnify and hold harmless **Mahoosuc Kids Association** for any claim for any loss, damages, or injuries including death that may be sustained by me or to any property of mine, under said circumstances.

I further agree that any claim which I may at any time bring for any reason against **Mahoosuc Kids Association** or any of its agents, officers, director, owners, servants, and employees any disputes arising out of the use of the Mahoosuc Kids Association facilities, shall be submitted to the jurisdiction of the State or Federal court in the State of Maine and that no claim or action shall be brought in any other jurisdiction. This release shall be binding upon me, and my heirs, next of kin, guardians, trustees, executors, and administrators.

I agree that if any portion of this agreement is determined to be unenforceable by a court of law, all other parts of the agreement shall remain in full force and effect and the this agreement shall be binding on the heirs and assigns of me and the minor child.

As a parent/guardian of a minor participant, I have the authority to execute this Agreement for him/her and I hereby consent and agree to be bound by its conditions and I shall **indemnify and hold harmless Mahoosuc Kids Association** for all awards, legal fees, and expenses and settlements, including attorney's fees, for injuries to the participant arising out of Mahoosuc Kids Association's negligence including negligent supervision.

Name of Child

Date

Printed Name of Parent/Guardian

Signature