

# School Vacation Sports Clinics and Camp Activities at Chester Elementary School

Open to Children in Kindergarten through Grade 6

Call 526-0013 extension 223 OR e-mail [parkrec@chesterct.org](mailto:parkrec@chesterct.org) for information or a reservation.

## Activities include sports clinics and/or crafts and games

The program is supervised by the Chester Parks and Recreation Summer Staff.

Please bring a snack and water bottle, plus lunch on full days, and wear sneakers.

**Full days on Tuesday, November 8, 2016 and Friday, March 10, 2017**

**8:45am-3:45pm, \$20 per child, per day**

**Following the early dismissal on: Thursday, October 20 and Fridays  
October 21, 2016, January 13, February 17 and Thursday, March 9, 2017**

**1:00am until 4:30pm, \$10 per child, per day**

Circle the dates you are registering for, above and submit this registration with the fee (checks made payable to Chester Parks and Recreation) to the Chester Elementary School Office, the Parks and Recreation mailbox at the Town Hall, or mail to: Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Parents' Name(s) and Phone Number(s) During the Program: \_\_\_\_\_

Please list any concerns regarding your child that should be brought to the attention of the Parks and Recreation Staff. Indicate if your child will require medication during the activity.

Emergency Name(s) and Phone Number(s): \_\_\_\_\_

The following have permission to sign my child out. *The child's parent, or a designated person, must sign them out after the activity.*: \_\_\_\_\_

### PLEASE INDICATE AT THE TOP OF THIS FORM

*if you do not wish your CHILD'S PHOTO to appear in newspaper, on the town web site, in Parks and Recreation flyers or e-mails, or on school or public bulletin boards.*

I give permission for my child, named above, to participate in the Chester Parks and Recreation Camp Day, indicated above. I give the staff of the Parks and Recreation department permission to seek emergency medical treatment for my child. I understand that there are inherent risks to these activities and I accept those risks.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date