

**REGISTRATION FORM**

 **One Registration Form per Participant**

 **Open to Ages 4-12 years**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female Grade in Sept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Best contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name (if different than parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Work/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact (other than parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Pick up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Pick up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical condition(s) or allergies we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any conditions or physical limitations that the staff supervising your child should be made aware of, in order for your child to have a positive experience. Examples: Fear of lightning, water, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you have an outstanding court order or decree regarding the legal custody of your child, please list the name(s) below along with a copy for our records. This is necessary for dismissal of children to the appropriate parent/guardian or adult.

Do **NOT** release my child to the following person(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellations, Refunds and Withdrawals**

A written notice is required to withdraw your child from the program and must be received at least 7 days before the start of the camp week. A 25% processing fee will be deducted from the refund. Refunds after the start of the program are made only if the child has an illness or an injury requiring doctor’s care or a note from the physician stating that he/she is unable to participate in the program.

Requests for session changes should be submitted by the Monday prior to the start of the session.

**Registration Deadline is the Monday PRIOR to each session. Last year we had many weeks fill early, please sign up for all weeks you are planning to attend to guarantee your spot. Families signing up for 3 or more weeks can contact us to set up a payment plan if necessary. See form online to apply for payment plan.**

Early registration is recommended as space is limited. Contact MATTREC for possible late registrations & availability.

Register on-line at [www.mattrec.net](http://www.mattrec.net) or make checks payable to Town of Mattapoisett

Mail to: MATTREC P.O. Box 435 Mattapoisett, MA 02739

**REGISTRATION OPTIONS**:

 Full Week Full Day: $175

 3 Day Full Day: $140

 Extended Day: AM or PM $5 per day

 Extended Day: AM and PM $10 per day

Sibling Discount: $10 off each additional child per calendar week, applicable on **weekly full day option only**.

 **Seahorse Summer Explorer 2021 Registration Options**

 **Please circle all that apply, including FULL WEEK and THREE DAY Options**

**Camper Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SESSION OPTION** | **6/28-7/2** | **7/5-7/9** | **7/12-7/16** | **7/19-7/23** | **7/26-7/30** | **8/2-8/6** | **8/9-8/13** |  |
| Full Week Full Day | $175/week | $175/week | $175/week  | $175/week | $175/week | $175/week | $175/week |  |
|  |  |  |  |  |  |  |  |  |
| Three Day Full Day (circle days) | $140/3day M T W TH F | $140/3day M T W TH F | $140/3day M T W TH F  | $140/3day M T W TH F | $140/3day M T W TH F | $140/3day M T W TH F | $140/3day M T W TH F |  |
| AM Extended Care $5 Per Day | $5/Day M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F  | $5/Day M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F |  |
| PM Extended Care *$5 Per Day* | $5/Day T M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F  | $5/Day M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F | $5/Day M T W TH F |  |
| AM & PM Extended Care $10 Per Day | $10/Day M T W TH F | $10/Day M T W TH F | $10/Day M T W TH F  | $10/Day M T W TH F | $10/Day M T W TH F | $10/Day M T W TH F | $10/Day M T W TH F |  |

Notes:



**Seahorse Summer Explorers Policies and Procedures**

Please note that each Summer Explorers’ participant is required to submit a completed set of Policies and Procedures and Release Agreement prior to the beginning of the Program.

**Please read and sign where indicated that you acknowledge and accept the following Mattapoisett Recreation Seahorse Summer Explorers Program Policies and Procedures.**

**ZERO TOLERANCE POLICY**

In order to keep our Seahorse Summer Explorers safe and happy, please note that we have a zero tolerance policy for bullying, improper language or behavior, or bringing weapons of any form to the program grounds.

The following steps will be taken if a behavioral action becomes a concern:

1. Staff Supervisor will have an initial discussion with the child regarding the incident and how it affects child/children involved.

2. A call will be placed to the involved parent(s)/guardian(s) in order to keep you informed.

3. If the behavior continues after an initial event of a behavioral concern, staff will schedule a meeting with all parties.

4. Any child that endangers himself/herself, other children and/or our staff may be removed from the program with no refund.

By signing below, I hereby acknowledge and accept the terms and conditions of the Town of Mattapoisett Seahorse Summer Explorers Zero Tolerance Policy.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**MEDICATION AND HEALTH POLICY**

I am aware and acknowledge and accept that the Town of Mattapoisett Seahorse Summer Explorers Program staff is not allowed to dispense medications of any kind under any circumstances during this summer program. If my child needs medications during the summer program hours, it is my sole responsibility to make the staff aware of the need for such medication and visit the premises to dispense the medication. I understand that this does not apply to emergency care such as EPI Pens and use of AED devices.

Should your child have a fever of 99 degrees or higher and/or diarrhea or vomiting or needs antibiotics, please do not send them to the program until they are fever and/or symptom free or on antibiotics for a full 24 hours.

By signing below, I hereby acknowledge and accept the terms and conditions of the Town of Mattapoisett Seahorse Summer Explorers Medication and Health Policy.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**MATTAPOISETT RECREATION POLICIES**

Photographs and/or video of program participants may be taken by Mattapoisett Recreation (MATTREC) for its marketing and social media purposes only. Please sign here if you do NOT wish to have your child’s picture taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be advised that refunds are issued only when a class is cancelled by Mattapoisett Recreation or if the participant enrolled in the program has a medical note from a physician’s office stating they are not able to participate in the program due to a medical condition. A $25.00 refund processing fee will be deducted from any refund.

For a complete list of MATTREC Policies visit:www.mattrec.net Questions regarding this or any other MATTREC program please e-mail mattrec@mattapoisett.net or call 508-758-4548.



**SEAHORSE SUMMER EXPLORERS PROGRAM**

**RELEASE OF CLAIMS, INDEMNITY AND HOLD HARMLESS AGREEMENT FOR PARTICIPANTS**

I, , as parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[**insert name of child/teen participating in the Mattapoisett Recreation Department’s Seahorse Summer Explorers Program]** (hereinafter “the Participant”), in consideration of being allowed to participate in the Town of Mattapoisett Recreation Department Seahorse Summer Explorers Program, and for other good and valuable consideration hereby acknowledged, do hereby agree on behalf of myself and Participant, to forever RELEASE the Town of Mattapoisett, Massachusetts, the Mattapoisett Recreation Department, and its officers, officials, employees, staff, agents, board members, volunteers, and attorneys (hereinafter and collectively “the Town”) from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys’ fees related, directly or indirectly, from known and unknown personal injuries or property damage which may occur as the result of participation in the Town of Mattapoisett Recreation Department’s Seahorse Summer Explorers Program.

I further on behalf of myself and the Participant promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Town against any and all legal claims and proceedings of any description, including damages, costs and attorneys’ fees, arising from personal injuries to myself, Participant or others or property damage resulting from said use participation in the Town of Mattapoisett Recreation Department’s Seahorse Summer Explorers Program. I hereby further covenant for myself and the Participant not to sue the Town on account of any such claim, demand or liability.

I further affirm that I have read this Agreement and that I understand the contents of this Form. I understand that the Participant’s involvement in the Town of Mattapoisett Recreation Department’s Seahorse Summer Explorers Program is voluntary and that I am free to choose not to participate or have my child participate in said program.

By signing this Form, I affirm that I have decided to participate in the Town of Mattapoisett Recreation Department’s Seahorse Summer Program with full knowledge that the Town of Mattapoisett will not be liable to anyone for personal injuries and property damage that may occur in activities for the Town of Mattapoisett or its recreation program(s). I am fully aware that by signing this document I am releasing on behalf of myself and the Participant the Town from any and all liability that may arise as a result of intentional or negligent acts of these parties. Additionally, it is my intent to release the Town on behalf of myself and Participant from liability and defend and indemnify said parties for liability relating to any accident and resulting injuries that may occur as a result of said participation in the Town of Mattapoisett Recreation Department’s Seahorse Summer Program.

**Signed**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­ (Parent / Legal Guardian – please circle one)

**Date**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please print name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MA \_\_\_\_\_\_\_\_\_\_

**Best Contact #:**