

REC ROOM AT PARKS AND REC

10% discount offered on annual fee for participants who have enrolled in the Bethany Parks and Rec. Summer Camp for a minimum of 1 full week (or the equivalent).

WELCOME TO THE BETHANY PARKS AND RECREATION AFTER-SCHOOL REC ROOM 2016-2017!

THIS FLEXIBLE REC PROGRAM OFFERS A VARIETY OF TIME AND PROGRAM OPTIONS (I.E., FLAG FOOTBALL, BASKETBALL, DODGE BALL, COOKING, CERAMICS, HOME WORK TIME, ETC.) FOR KINDERGARTEN THROUGH 6TH GRADE STUDENTS AT BCS.

FOR YOUR CONVENIENCE, REGISTER BY THE MONTH, WEEK OR DAY.

MONTHLY	WEEKLY	DAILY
\$175: 3:10P – 5:00P	\$50: 3:10P – 5:00P	\$12: 3:10P – 5:00P
\$180: 3:10P – 6:00P	\$55: 3:10P – 6:00P	\$14: 3:10P – 6:00P

A POPULAR OPTION LAST YEAR WAS 3 DAYS/WEEK PER MONTH. THOSE CHARGES WOULD BE: \$120 UNTIL 5PM AND \$125 UNTIL 6PM.

WE ENCOURAGE YOU TO REGISTER FOR THE MONTHLY OPTION ASAP, AS SPACE MAY BE LIMITED.

PLEASE REGISTER 48-HOURS PRIOR TO THE DAY YOU WISH TO SCHEDULE YOUR CHILD TO PARTICIPATE ON A WEEKLY OR DAILY BASIS.

**** MONTHLY RATES INCLUDE COVERAGE FOR 1/2-DAYS FROM SCHOOL, SCHOOL VACATIONS, AND SNOW DAYS (WE WILL OPEN ON SNOW DAYS AS SOON AS THE TOWN HALL PARKING LOT IS CLEAR AND SAFE FOR DRIVING/WALKING. THE REC ROOM WILL BE CLOSED ON COLUMBUS DAY, THANKSGIVING AND THE FRIDAY AFTER, DAY AFTER CHRISTMAS, DAY AFTER NEW YEAR'S, MARTIN LUTHER KING DAY, PRESIDENT'S DAY, GOOD FRIDAY, AND MEMORIAL DAY.**

PLEASE PHONE US AT 203 393-2100, EXT. 127 WITH QUESTIONS.

PROGRAM REGISTRATION

First Name _____ Last Name _____ Address _____

Telephone _____ Email: _____

Age _____ Grade _____ Teacher _____

Emergency Contact: Name: _____ Phone: _____

Name of Program _____ Day(s) _____ Fee _____

Total\$ _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___no.

If yes please explain:

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE:
(parent/guardian)

Date