

2020 Summer Playgrounds Camp

MAY 21, 2020

With the recommendations and guidelines of the Washington-Ozaukee Health Services Department, we are creating 2-week sessions, with a limited availability of 40 children per session. You will find session dates and fees on the updated registration form. Each shelter at Woodlawn Park will be utilized to help practice social distancing and other recommended guidelines.

To accommodate this new schedule of playgrounds, we will be offering an online registration option in the near future. In the meantime, please complete the updated registration form if you'd like to register your child(ren) for the Summer Playground Program. Signing up for multiple sessions at once is allowed. To register, you can mail, fax, email, or place in our drop box, the registration form and payment. *Please see note on bottom about refund policy for Summer Playgrounds.

We are excited to be able to provide a fun, safe outlet for your child(ren) this summer! Hope to see you all soon!

Mail to: 125 N. Rural St. Hartford, WI 53027

Fax to: 262-673-3730

Email to: signup@ci.hartford.wi.us

Drop Box: Located in the front of the Recreation Building

Online Registration: Coming soon!

****Should you register for a session you no longer need, due to the limited availability, refunds (less \$5 service charge) will only be issued with 2 weeks' notice or more before the session start date. Notice less than 2 weeks, but at least by/on the Thursday prior to the session start date, half of the fee will be refunded.***

2020 SUMMER PLAYGROUND CAMP

Check your Session(s):

Time: 8:00 AM - 5:00 PM

Location: Woodlawn Park

Ages: Entering Grades 1-9

***Fee:** Resident: \$50/child/session

Non-Res: \$65/child/session

- Session 1:** June 8th - June 19th
- Session 2:** June 22nd - July 3rd
- Session 3:** July 6th - July 17th
- Session 4:** July 20th - July 31st
- Session 5:** August 3rd - August 14th

CHILD'S NAME: _____ DOB: ____/____/____ ENTERING GRADE _____

CHILD'S NAME: _____ DOB: ____/____/____ ENTERING GRADE _____

CHILD'S NAME: _____ DOB: ____/____/____ ENTERING GRADE _____

Phone #: _____ Alt Phone #: _____

Email: _____

ADDRESS: _____ CITY: _____ ZIP: _____

LIABILITY WAIVER All participants are required to sign the following release. Parents or guardians must sign for minors. I the undersigned do hereby agree or agree for the above named registrant for whom I am the parent or guardian, to participate in the activity indicated and am aware of and understand that there may be risks and hazards inherent with participation in this activity. I affirm that I, or the minor registered for this activity, am doing so as a voluntary participant. In consideration of my participation or participation of the minor I do hereby agree to release, waive, absolve, indemnify on behalf of myself or minor, my/his/her/family, my/his/hers heirs and my/his/her assigns the City of Hartford, its employees, officers, agents and sponsored from liability for injury, death or loss suffered by me or the minor in any and all present and future claims, liabilities damages or right of action directly or indirectly resulting out of participation in the activity, using the facilities, or in engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence of the City of Hartford, Its employees, officers, agents and sponsors. The City of Hartford does not provide accident insurance to participants in recreation activities and I assume full responsibility for any and all injuries or damages which may occur to me while participating. **MEDICAL EMERGENCY WAIVER FOR MINORS** In the event of a medical emergency I authorize the Parks & Recreation Department Staff to obtain medical treatment for my son/daughter or minor for which I am guardian. **PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event or facility of the City of Hartford Parks & Recreation Dept. **MEDICAL INFORMATION:** If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant should discuss this with the instructor/program supervisor the first time the program meets.

CREDIT CARD INFORMATION

Number: _____

Exp. Date: ____/____

V-Code: _____

SIGNATURE X _____

(Please Make Checks Payable to City Of Hartford)

*REFUND POLICY:

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