

**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, and occasional newspaper articles.
- 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.

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Signed (parent or guardian)

Date

**2012 Reservation Information:**

		<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
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

## 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) _____
<b>Emergency Medical Release</b>			
<p>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 of 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 I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor.</p>			
Signature of Parent or Guardian: _____		Date: _____	
<b>Drop off and Pick up Authorization</b>			
<p>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 8:45 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.</p>			
Name: _____		Phone: _____	
Name: _____		Phone: _____	
<b>Authorization to be included in photos:</b>			
<p>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 media as well as the Mahosuc Kids web site.</p>			
Parent/Guardian Signature: _____		Date: _____	

**Mahoosuc Kids Association  
Summer Adventure 2012  
Field Trip and Water Activities Authorization**

Childs Name: \_\_\_\_\_

We will be taking the following trips which may include water activities for SAP 2011:  
All field trips leave at 9:00 am and return at 4:00 pm (SUBJECT TO CHANGE)

<b>Destination and Address:</b>	<b>Date:</b>
1) Bowling at Hobbs Lucky Lanes, S. Paris, ME and swimming at Norway Lake	6/27/12
2) Closed for the Fourth of July holiday	7/4/12
3) Cannon Mountain, Franconia Notch, NH~Hiking, Swimming	7/11/12/
4) Sea Dogs baseball game, Portland, ME~No Swimming	7/18/12
5) Crescent Beach, Cape Elizabeth, ME~Swimming, Exploring	7/25/12
6) Children's Museum, Portland, ME~No Swimming	8/1/12
7) D.E.W. Animal Kingdom, Mt. Vernon, ME~No Swimming	8/8/12
8)Sebago Lake State Park, Naples, ME~swimming, playing, picnic lunch	8/19/12

<b>Mondays:</b> Songo Pond or Angevine Park	weekly	1:00 to 3:30 pm
<b>Tuesdays:</b> Greenwood Beach	weekly	1:00 to 3:30 pm
<b>Thursdays:</b> Covered Bridge or Letter S	weekly	1:00 to 3:30 p.m.

**This Section to be completed by parent or guardian:**

Please describe your child's swimming ability and list any lesson 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 trip #'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.