

# BYRON SUMMER RECREATION REGISTRATION

June 28<sup>th</sup> - August 13<sup>th</sup>

10:00 am – 1:00 pm

Please list all children (last name, first name and ages) that will be attending recreation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's workplace and phone: \_\_\_\_\_

Father's workplace and phone: \_\_\_\_\_

Daycare provider: \_\_\_\_\_

Address and phone: \_\_\_\_\_

Days and times of care: \_\_\_\_\_

In case parent(s) or daycare provider cannot be reached, who should be contacted in the event of an emergency?

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

Address and phone: \_\_\_\_\_

List any allergies, medications and other health information staff should know:

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

Comments/Other Information: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## **BYRON SUMMER RECREATION DISCIPLINE AGREEMENT**

### **As a participant I promise:**

- Not to destroy, harm or damage equipment, property, etc.
- Not to use any vulgar language.
- To always use good sportsmanship.
- To adhere to decisions made by the supervisor and staff members.
- To remember that there are smaller children and will be careful of them.
- To respect myself and other participants in the program.

### **As a parent/guardian:**

I understand that while my child/children are participating in the recreation program, the Recreation Leader and staff are in charge and participants are required to follow the rules set forth by the staff. However, I agree, that if any difficulties or disagreements arise, I will address my grievances to the Byron Recreation Directors; Laura Platt 548-2245 and/or Debra Buck-Leaton 548-7759.

If any rules are broken, the following procedure will be enforced:

### **Byron Summer Recreation Discipline Policy**

- 1<sup>st</sup> infraction – Warning**
- 2<sup>nd</sup> infraction – Time Out**
- 3<sup>rd</sup> infraction – Cannot attend park program the following day**
- 4<sup>th</sup> infraction – Cannot attend park program for one week**
- 5<sup>th</sup> infraction – Cannot attend park program for the remainder of the summer**

At 3 infractions, the parent/guardian will be notified of the problem.

The goal of the program is to make each child responsible for his or her own actions.

I have read the Discipline Agreement & Policy. I understand that while my children are attending the recreation program whether at the park or on field trips, the Recreation Leader and Recreation Aide are in charge. Participants are required to follow the rules set forth by the staff. If, however, any difficulties or disagreements arise, I, as parent/guardian will address my grievances to the Byron Recreation Directors; Laura Platt 548-2245 and/or Debra Buck-Leaton 548-7759.

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Parent/Guardian

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Date

Dear Parents and Guardians,

Welcome to Byron Summer Recreation! We are so excited to get to know your child(ren) this summer and help them develop healthy, active lifestyles and build positive, strong relationships with their peers. To help achieve these goals we are implementing a new policy. In the past couple years we have noticed an increase of cell phone usage during summer recreation. As a result of increased time on cell phones, children are not focusing on being active; instead they are sitting. We have also noticed that there has been an increase of problems due to cell phones.

In hopes of reducing these issues, we are implementing a NO CELL PHONES policy. If your child brings a cell phone to Summer Recreation, we will collect the cell phone and place it in a bag in our locked storage closet. The phones will be returned at the end of each day. If your child forgets to retrieve the cell phone when he is picked up, he will have to wait until the next recreation day to retrieve it. If a cell phone is lost or damaged, it is your own responsibility, we are not responsible. The best bet is to not bring it to the park.

We do realize that there are times in which it may be necessary for you to reach your child. In those times of emergency you can either come directly to the park or call my cell phone. Please use this only in times of emergency—being on the phone with you distracts me from giving my full attention to your child.

Thanks!

Miss Emily VanEenwyk  
585-490-4206

NAME OF ACTIVITY: Town of Byron Summer Recreation Program  
DATE OF ACTIVITY: June 28 – August 13, 2021

### **WAIVER AND RELEASE OF LIABILITY**

By signing this Waiver, I assume all risk of my child and/or myself participating in the above activity (hereinafter "activity"). Without signing this from, neither myself nor my child will be able to participate in the activity. I acknowledge that the above activity may pose some risk of personal injury or illness, including but not limited to COVID-19 (illness) and that I undertake and assume this risk for myself and my child.

On behalf of myself and my child, I further waive and release the promoters of the activity, the Town of Byron, any insuring entity of the above, and their directors, Town Board members, officers, employees, volunteers, agents, representatives, or assigns, as well as the activity sponsors, from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons for any injury or illness or disability which may occur as a result of my or my child's participation in the above activity. I am assuming all risks on behalf of myself and my child that may arise from negligence or carelessness on the part of any persons or entities being release, as well as from defective equipment, real property or personal property that is owned, maintained or controlled by the above persons and the Town of Byron.

I CERTIFY THAT MY CHILD AND MYSELF ARE PHYSICALLY FIT AND SUFFICIENTLY PREPARED FOR PARTICIPATION IN THE ACTIVITY AND THAT THERE ARE NO HEALTH RELATED REASONS OR PROBLEMS WHICH WOULD PRECLUDE THE PARTICIPATION OF MYSELF OR MY CHILD IN THE ACTIVITY. I HAVE NOT BEEN ADVISED OF ANY REASON WHICH WOULD LIMIT MY CHILD OR MYSELF IN PARTICIPATING IN THE ACTIVITY.

I consent to receive any medical treatment deemed advisable for an injury to myself or my child during the activity and that any medical or other insurance for myself, my family, and/or my child will be insurance of first resort before contribution by any other insurance for any other person or entity, including accidental death and dismemberment insurance and accident medical insurance.

I understand that I and/or my child may be photographed while participating in the activity. I agree to allow my and my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, sponsors, producers, and their assigns, but not for any financial or commercial purposes or for profit of any entity.

I shall defend, hold harmless, and indemnify the parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees, or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made), for, or on account of any injuries, illness or damages received, contracted or sustained by myself and/or my child arising during the course of the activity.

This Agreement constitutes the sole and only agreement between the parties concerning my child's and my release and indemnification as a condition for participating in this activity. Any prior agreements, whether oral or in writing, shall be void and of no further effect. This Agreement may not be modified.

I certify that I have read this document, and I fully understand its contents. I am aware that this is a release and indemnification of liability for myself and my child, and I sign it of my own free will.

Dated: \_\_\_\_\_, 2021

\_\_\_\_\_  
Participant's name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian of Minor (print)

\_\_\_\_\_  
Signature