



**CALLING ALL PARENTS & GUARDIANS! IT'S TIME!  
SATURDAY, DECEMBER 10<sup>TH</sup> 8:30 A.M. – 5:00 P.M.  
DROP & SHOP! OR DROP & WRAP!  
YOU MAY EVEN WANT TO JUST DROP & NAP!!**

Sandown Parks & Recreation is pleased to announce a day for grown-ups! It's a day where we take the kids and YOU take time to check off all those things on your holiday list that you never find enough time to do! Our trained staff will be on hand on Saturday, December 10<sup>th</sup> beginning at 8:30 AM until 5:00 P.M. for you to drop off your kids who are students in Grades 1-5, for a day of fun and activities at the Edward C. Garvey Recreation Facility located at 25 Pheasant Run Drive. You'll have 8-1/2 hours to tackle those things you can't wait to cross off your holiday list; to run errands; to treat yourself to some 'quiet' time or maybe just take a nap and re-charge!

The kids will be busy playing games, doing crafts, and having the usual good time with our counselors. All staff are Town of Sandown employees who are trained in First Aid and CPR; undergo background checks, and receive professional training. There will be holiday contests, outdoor play and if there's time, an age appropriate holiday video with ice cream sundaes. We'll be making holiday cards for residents of Rockingham County Nursing Home for those who wish to participate. A 2-slice pizza lunch is included! Cost is just \$24 per participant for resident children and \$26.50 for non-residents. Space will be limited to the first 40 that register.

Registration is open! Call the recreation phone line to check for space availability at 887-1872 or email us at: [recreation@sandown.us](mailto:recreation@sandown.us) prior to sending registration and payment. Registration deadline is: Monday, December 5<sup>th</sup> by 6:30 P.M. Registrations are taken on a first come basis. A minimum of 25 participants are needed for program to take place and early registration is requested for planning purposes. Registration forms may be found at [www.sandown.us](http://www.sandown.us) and navigate to the Parks and Recreation page; at the recreation office and at Town Hall. Should space remain after December 5<sup>th</sup> and you wish to register, there will be a \$5 late registration fee added. **MIN 5/MAX 40**



**PLEASE PRINT REGISTRATION FORM FROM WEBSITE**

**REGISTRATION SANDOWN RECREATION EMERGENCY REGISTRATION FORM  
A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED  
CHRISTMAS "DROP & SHOP" PROGRAM SATURDAY, DECEMBER 10<sup>TH</sup>**

**PLEASE PRINT CLEARLY**

Child's Name \_\_\_\_\_ M/F \_\_\_ Date of Birth \_\_\_\_\_ Grade Sept. 2016/17 \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**E-MAIL ADDRESS IS NOT SHARED. YOU WILL RECEIVE PROGRAM INFO. PLEASE PRINT NEATLY**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies\* (include all) \_\_\_\_\_ Epi Pen: Yes: \_\_\_\_\_ No \_\_\_\_\_

Physical Disabilities/Restrictions\* \_\_\_\_\_ Medications: \_\_\_\_\_

**\*ATTACH ADDITIONAL SHEET IF NEEDED. Please note: For children who require an aide for physical or emotional support at school, please contact the recreation office for additional information 887-1872.**

**Please list two or more additional people who will assume temporary care of your child if you cannot be reached and/or who have permission to pick up your child from the program. NOTE: Please be sure to notify your emergency contact that you have listed them as that. Children who are dismissed for illness or misbehavior are required to be picked up within 30 minutes of contact. Photo ID may be required if staff is unfamiliar with person listed.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**REFUND PROCEDURE** Refunds are issued only when a class or activity is cancelled by the Recreation Department for lack of minimum required participants or, the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program due to a medical condition. To protect privacy we do not require knowing what the condition consists of. A receipt is not acceptable. Medical condition refunds will be pro-rated. All requests must be made within 2-weeks of program start date and in writing. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Sandown Parks and Recreation Department. The Recreation Director will review and either approve or deny in writing your request. If your request is denied by the Director you may appeal in writing to the Recreation Commission. No refund will be provided in the event a child is dismissed from the program for episodes of misbehavior.

**BEHAVIOR PROCEDURE:** Sandown Recreation reserves the right to dismiss a child from a program for episode(s) of misbehavior. If a parent/guardian cannot be contacted, the emergency contact person will be called to immediately pick-up the child. Misbehavior may include inappropriate language, hitting, touching, bullying in any manner, of children or staff.

**LATE PICK-UP:** Pick-up is promptly at the stated time. A late fee of \$10 for the first 15 minutes or portion of 15 minutes applies and \$10 for each additional 15 minutes or portion of 15 minutes beyond that. Payment is immediately paid upon pick-up. Participant will not be permitted to continue participating in program until all late fees have been paid.

**WAIVER** Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability or my child's ability to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Sandown, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed. All Recreation Department classes/events may be photographed or videotaped for Town of Sandown programs and promotions. Photos may appear in local publications and/or on local Cable TV access channels or other electronic media unless prior written instruction has been received by the Parks and Recreation Dept. from the parent/guardian. I understand that I am responsible for providing an aide for my child if my child requires assistance by an aide during the school day for either physical, mental or behavioral assistance or that such assistance is not the financial responsibility of this program. Please initial and sign all to complete registration form.

\_\_\_\_\_  
SIGNATURE (parent/guardian if participant is under 18 years of age)

\_\_\_\_\_  
DATE

**PLEASE SIGN WHERE INDICATED TO COMPLETE REGISTRATION FORM**

I understand and signify by my signature below, that I have read and understand all information put forth by Sandown Parks and Recreation regarding this program. Further, I understand that this program is neither a daycare or a camp and that no medical personnel are on site nor does staff administer prescription medications. Please initial and sign all to complete registration form.

**I UNDERSTAND AND ACKNOWLEDGE: All Rates; Late Fees; Late Pick-Up Fees; Returned Check Fees; Manner of Payment; Refund Policies.** INITIAL HERE: \_\_\_\_\_

**I UNDERSTAND AND ACKNOWLEDGE: All behavior and illness procedures and policy regarding this program, including no refund for dismissal from program for behavior issues and that I have instructed my child in regard to behavior procedures.** INITIAL HERE: \_\_\_\_\_

**I UNDERSTAND AND ACKNOWLEDGE: No Registration is considered complete nor spot reserved until all fees and permission forms have been received by the Recreation Office.** INITIAL HERE: \_\_\_\_\_

**FILL IN IF APPLICABLE**

**INHALER RELEASE/PERMISSION** My child \_\_\_\_\_ uses an inhaler and is carrying an inhaler while attending the Sandown Recreation Program. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and CANNOT administer this or other medication to my child. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the on-site supervisor is informed and observes my child administering the inhaler to him or herself. My child is responsible for this inhaler while participating in the recreation program and its related activities including field trips. I will label my child's inhaler with his/her name. Your child's use will be documented and reported to parent/guardian at the end of the activity period. Parent/guardian will be notified immediately if child is not relieved

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:

**DO NOT FILL IN OR WRITE BELOW THIS LINE – FOR OFFICE USE ONLY**

**A**  
**LL PROGRAM FEES PAID** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

**REC'D BY** \_\_\_\_\_ **DATE** \_\_\_\_\_ **LATE FEE** \_\_\_\_\_ **SIBLINGS IN PROGRAM: YES NO**

**SIBLING NAMES:** \_\_\_\_\_ **DOES PAYMENT INCLUDE FEES FOR OTHER FAMILY MEMBERS OR PROGRAMS YES NO**