

Milford Recreation Department

1 Union Square ~ Milford, NH 03055
Phone (603) 249-0625 ~ Fax (603) 673-2273

Summer 2009

www.milford.nh.gov



- WHO:** Youth, must be 5 years old
WHERE: Keyes Field
WHEN: July 6th - August 14th; Monday-Wednesday-Friday 11:00 am - 12:00 pm
COST: Milford Residents \$15, Non-residents \$25 (fee includes charms and certificate)

Week 1: Field Games	Week 2: Water Games	Week 3: Net Games
Week 4: Adventure Games	Week 5: Team Games	Week 6: Kid Pick

TO REGISTER Pre-registration is required.

Every effort will be made to accept late registrations, if space is available. Mail in registration form, or register in person at the Recreation Dept. or Keyes Pool (during season).

- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00**
- No Refunds once session commences.

Description of Mileage Club Program

This fitness club is geared towards our youth. We will meet Monday, Wednesday, and Friday for 1 hour. Our goal for this program is to get children and parents outside and moving. We will have a different theme for each week. Activities will include walking, bike riding, jump roping, games, hiking, scavenger hunts, and so much more. The Mileage Club is a great way to get outside, have fun and exercise!

Participants will receive a foot charm for each week they attend as a goal for coming and participating. We will give out certificates for participating in the program and T-shirts will be an option.

We will always try to hold classes - for weather cancellations please call the Keyes Pool or Recreation Office when in doubt.

2009 Mileage Club **Optional T-Shirt** **YS** **YM** **YL (\$10 additional)** ****One Form per Participant****

Name _____ D.O.B. _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____

Company Name & Policy _____

Parent/Guardian's Signature: _____ Date _____

<p><u>For Office Use Only</u></p> <p>Amount \$ _____</p> <p>Cash ⇄ Check ⇄ _____</p>
