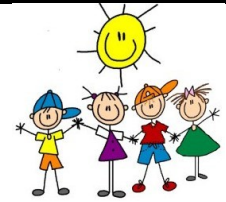




# 2016 SAUKVILLE SUMMER PLAYGROUND PROGRAM



The Village of Saukville offers a Summer Playground Program in conjunction with the Port Washington Parks & Recreation Dept. that includes creative and energetic leaders, active games, theme craft sessions, and fun field trips. A trip to the Port Washington outdoor pool, Pirates' Hollow, is offered once a week (weather permitting). Children are required to pay their own pool admission, either by pass or by daily fee, and bus fee. Our goal is to offer a safe and worry-free experience for both the child and parent. This is not a day-care program, but rather an afternoon alternative of outdoor fun and structured activities geared to kids ages 6 through 12.

Please Contact Village Hall for more information, (262) 284-9423.

**Coordinator: Adam Maciejewski**  
PW Rec Dept.—262-284-5881

**Park Leader: Isabella Daniels**

**Dates: June 13<sup>th</sup> through Aug. 5<sup>th</sup>**

**Ages: 6 (& entering 1st grade) through 12**

**Days: Monday through Friday**

**Times: 12:30 - 5:00 p.m.**

**Location: QUADE PARK**

## Registration

**Begins Monday, May 2nd at Village Hall**

(V.H. Hours: M-F: 8 a.m.-5 p.m.)

**Fees: Resident: \$100 1st child**

**\$ 50 each additional child**

**Non-resident:**

**\$110 1st child**

**\$ 60 each additional child**

T-shirt Included. Please indicate shirt size on form.

## Open House & Registration

**Wednesday, June 8<sup>th</sup> at Quade Park**

**6:00 to 8:00 p.m.**

- Come meet the playground leaders, discuss the daily themes, and register for the program.
- Registration must be completed before your child attends the Summer Playground Program.

**Fun weekly themes and occasional field trips are all part of the activities.** Field trip costs are not included in program fees.

## Evening Activities:

Pool Party at Pirates Hollow—Details TBD

## Heat Index

The heat index is a combination of the air temperature and the humidity and how it affects our body and health. If the heat index is at or above 105°F, our Playground Program will be cancelled for the day. If Playground is held on very hot days, participants will be encouraged to drink plenty of water and take breaks from activity periodically.

## Notice to Participants:

- The Village of Saukville Playground Program is committed to providing safe activities and qualified leaders. It is our policy, in the event of serious injury or illness, to contact the Saukville EMT/Fire Dept. and if necessary, to transport the participant to the nearest hospital or medical center.
- The Village of Saukville has the discretion to cancel the day's activities due to inclement weather or high heat index, or the threat of inclement weather. Parents should have alternate arrangements in place in the event of emergency closing. When parents are not readily available, children must know their alternate location if the day's program is cancelled.
- In the event of disciplinary issues, Park Leaders have the discretion to send a child(ren) home for the day. Parent(s) will be called and informed of the issue and that the child(ren) will be sent home. Parents should have alternate arrangements in place in the event their child(ren) is sent home for any reason.
- Refund Policy: Refunds will only be made under the following circumstances. A \$10.00 processing fee will be charged for each requested withdrawal/refund.
  - 1) *Withdrawal Request is made a minimum of 7 days prior to the start of the summer session.*
  - 2) *If a participant becomes ill and a doctor's statement is provided (refund will be pro-rated).*
  - 3) *If the program is cancelled due to lack of enrollment.*



# SUMMER PLAYGROUND REGISTRATION



2016 REGISTRATION FORM (Please Print)

(YM, YL, AS  
AM, AL, AXL)

Child Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Child Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Shirt Sz \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

Address \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Email address \_\_\_\_\_

**LIABILITY WAIVER:** 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 participants 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, indemnity on behalf of myself or minor, my/his/her family, my/his/her heirs and my/his/her assigns the Village of Saukville, its employees, officers, agents and sponsors 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 engaging in any activities incidental thereto during the duration of the scheduled program, which result from the ordinary negligence for the Village of Saukville, its employees, officers, agents and sponsors. The Village of Saukville does not provide accident insurance to participants in recreational activities and I assume, or agree for the above named registrant for whom I am the parent or guardian, full responsibility for any and all injuries or damages which may occur to me or the above named registrant while participating.

**MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS:** In the event of a medical emergency, I authorize the Village of Saukville staff to obtain medical treatment for my son/daughter or minor for which I am a guardian.

**WALKING FIELD TRIP RELEASE:** I agree to allow my child(ren) to participate in any Playground Program field trips within walking distance in the Village of Saukville.

**PHOTO RELEASE:** I agree to allow publication of any photos taken at any program, event, or facility of the Village of Saukville.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency, call (name) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Emergency daytime phone no. \_\_\_\_\_

Office Use Only: Total Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_