

## Buena Vista Afternoon Camp

This program is designed to augment the Buena Vista Recreation Camp allowing children ages 6-14 to participate after other morning camps or summer school. The camp hours are 12:00 pm – 4:30 pm. Children may be dropped off anytime between noon and 12:30 pm. Activities included are skating, swimming and outdoor activities. Indoor activities will be planned in the event of rain or excessive heat. Each participant will receive a camp t-shirt.

An extended day option is available at an additional charge for parents who wish to pick their children up later. Please check this option on the registration form if needed.

### **SAVE MONEY! REGISTER EARLY!**

To help save you money,  
we're holding our 2009 prices!  
Register through April 16 at last year's fees!



### **Camp Hours:**

Monday – Friday

12:00 pm - 4:30 pm

Through 4/16:

Resident-\$119 Non Resident-\$129

After 4/16:

Resident-\$129 Non Resident-\$139

### **Extended Day Option:**

Available for parents who cannot pick their children up by 4:30 pm. (supervision only, no organized activities)

Monday – Friday

4:30-5:30 pm

Through 4/16:

Resident-\$22 Non Resident-\$25

After 4/16:

Resident-\$25 Non Resident-\$28

### **SESSIONS:**

June 28 – July 2

July 5 – July 9

July 12 – July 16

July 19 – July 23

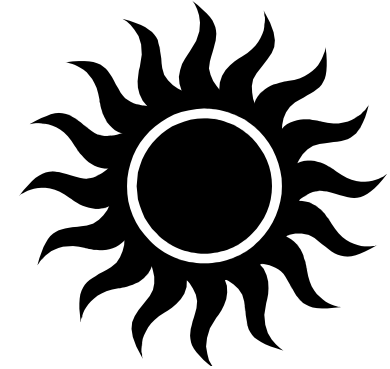
July 26 – July 30

August 2 – August 6

August 9 – August 13

August 16 – August 20

# Buena Vista



## Afternoon Camp

# SUMMER 2010

### For Grades 1-9 Ages 6-14

(no older than 14 as of 12/31/10)

Town of West Hartford  
Department of Leisure Services  
**Veterans Memorial Skating Rink**  
56 Buena Vista Road  
West Hartford, CT 06107

Phone: 860-521-1573

[www.skatevmsr.com](http://www.skatevmsr.com)

West Hartford Leisure Services  
**HEALTH AND INFORMATION FORM**  
*YOU MUST COMPLETE AND SIGN THIS FORM TO ENROLL  
 YOUR CHILD IN THE SUMMER BUENA VISTA AFTERNOON CAMP*

Child's Name \_\_\_\_\_

Week(s) Registered \_\_\_\_\_

Does your child have any known allergies, currently take any medications or have any known illness or physical limitations, etc. If so, please list and describe (use separate sheet of paper if additional space is needed).

\_\_\_\_\_

List Medications: \_\_\_\_\_

Has child been prescribed an epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

**Please read each statement below and if you understand and agree to each statement put your initials in the space next to the paragraph to signify your understanding and agreement.**

\_\_\_\_\_ In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is

Hospital Name \_\_\_\_\_

\_\_\_\_\_ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is granted.

\_\_\_\_\_ In the event my child needs emergency medical care while in this West Hartford Leisure Services program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary by medical judgment, including administration of anesthesia.

\_\_\_\_\_ In the event my child needs to be transported by an ambulance, I give my permission for such transportation and I agree to assume all expenses incurred by said transportation.

\_\_\_\_\_ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services program.

\_\_\_\_\_ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in the West Hartford Leisure Services program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in the West Hartford Leisure Services program.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

**HOUSEHOLD INFORMATION PLEASE PRINT**

PRIMARY GUARDIAN						SECONDARY GUARDIAN					
Name: _____						Name: _____					
Street: _____						Street: _____					
Town: _____		State: _____		Zip: _____		Town: _____		State: _____		Zip: _____	
Home Phone: _____			Work Phone: _____			Home Phone: _____			Work Phone: _____		
Email Address: _____						_____					

**REGISTRATION INFORMATION PLEASE PRINT**

Participant's Name: _____	AGE: _____	DOB: _____	Entering Grade: _____
---------------------------	------------	------------	-----------------------

		<b>BV Afternoon Camp 12:00 pm– 4:30 pm Program Code: 421314</b>				<b>Extended Day Option 4:30 pm-5:30 pm Program Code: 421311</b>				
		Through 4/16		After 4/16		Through 4/16		After 4/16		
Sessions	√	Res	Non Res	Res	Non Res	√	Res	Non Res	Res	Non Res
<b>A</b>	6/28-7/2	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>B</b>	7/5-7/9	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>C</b>	7/12-7/16	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>D</b>	7/19-7/23	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>E</b>	7/26-7/30	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>F</b>	8/2-8/6	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>G</b>	8/9-8/13	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28
<b>H</b>	8/16-8/20	\$119	\$129	\$129	\$139		\$22	\$25	\$25	\$28

**Payment Type:**

- Check # \_\_\_\_\_ (payable to the "Town of West Hartford")
- Cash (in person only)
- MasterCard     VISA    Card # \_\_\_\_\_ Exp: \_\_\_\_\_

**Total Amount Paid: \$ \_\_\_\_\_**

Signature of Cardholder: \_\_\_\_\_

**REFUND POLICY:** NO refunds can be given after the session begins. If you cancel prior to the start of a session for non-medical reasons and request a refund, a 10% processing fee will be deducted (minimum processing fee \$5).

In lieu of a physician's certificate, I take full responsibility for any ill-effect suffered by my child through participation in the Buena Vista Afternoon Camp. **I have completed and signed the Health and Information Form.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_