

MARSHALLTOWN PARKS AND RECREATION DEPARTMENT SUMMER BLAST 2017

Check weeks paid	Week # and Dates	With Season Pool Pass	Without Season Pool Pass	*Late Payment Fee	Early Drop-off Weekly fee	Special Activities	Special Activity Fee	Total Paid	Date Paid
	1 June 5-9	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Palmer Family Fun	5.00		
	2 June 12-16	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Sky Zone	5.00		
	3 June 19-23	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Phelps Youth Pavilion			
	4 June 26-30	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	River Boat Cruise			
	5 July 3-July 7 No camp July 4	\$ 60.00	\$ 68.00	\$10.00	\$ 4.00	Science Center			
	6 July 10-14	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Planet X	5.00		
	7 July 17-21	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Living History Farm			
	8 July 24-28	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Red Rock Lake			
	9 July 31-August 4	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Children's Museum			
	10 August 7-11	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Lost Island	15.00		
	11 August 14-18	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Play Station			
	Cost of all 11 weeks	\$810.00	\$918.00		\$54.00				
	Pool Pass #				*Weeks 6 & 7	Swim Lessons July 10 – 20	\$50		
					*Weeks 9 & 10	Swim Lessons July 31 – Aug.10	\$50		

***Late payment fee: To avoid a \$10 late payment fee, weekly fees must be paid by Thursday of the preceding week.**

CHILD'S NAME:			BIRTH DATE:			AGE:			
GRADE ENTERING:		SCHOOL ATTENDING:				TEACHER:			
PARENT(S)/GUARDIAN(S)									
1. NAME					RELATIONSHIP TO CHILD				
ADDRESS					EMAIL				
HOME PHONE			CELL #			WORK #			
2. NAME					RELATIONSHIP TO CHILD				
ADDRESS					EMAIL				
HOME PHONE			CELL #			WORK #			

Circle T-Shirt Size:	6-8	10-12	14-16	Adult S	Adult M	Adult L	Adult XL
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Early drop-off is available between 6:45-7:40 am for \$5.00. If early drop-off is desired, please indicate drop-off time: _____
Late pick-up is by special arrangement only. Any child picked up after 5:15 will result in a \$3.00 charge for every 15 minutes late.

Please list up to 6 people that are permitted (including parents) to pick up your child from camp. Please notify the people listed to know their photo ID will be required when picking up your child.

PERSONS AUTHORIZED TO PICK UP CHILD	RELATIONSHIP TO CHILD	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

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EMERGENCY TREATMENT & WAIVER OF LIABILITY

CHILD'S NAME:		BIRTH DATE:	AGE:
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME PHONE	CELL #	WORK #	
2. NAME		RELATIONSHIP TO CHILD	
HOME PHONE	CELL #	WORK #	
3. NAME		RELATIONSHIP TO CHILD	
HOME PHONE	CELL #	WORK #	

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in Summer Blast care?

Name	Name
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In the event my child needs medical treatment, I hereby authorize treatment of the above named minor by a qualified and licensed health care professional. This authorization is valid only after reasonable effort has been made to contact me.

PARENT MUST PROVIDE UPDATED IMMUNIZATION RECORD PRIOR TO STARTING!

Immunization record may be faxes to the Parks & Recreation office at (641) 754-5728

PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
DATE OF LAST PHYSICAL EXAM	DATE OF LAST TETNAUS
INSURANCE COMPANY	POLICY HOLDER ID
CHILD'S ALLERGIES	PRESENT MEDICATION
1.	ILLNESSES/SURGERIES/MEDICAL PROBLEMS (Age at time)
2.	1.
3.	2.

PHYSICAL ASSESSMENT – TO BE COMPLETED BY PARENT	
Is there any defect of vision, hearing or speech of which Summer Blast should be aware, or could compensate by appropriate action?	
Is this child subject to any conditions which limit any activities?	
Is this child subject to any condition which may result in an emergency situation?	
Is this child subject to any mental or physical condition for which he/she should remain under periodic observation?	
Other information helpful for Summer Blast:	

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CHILD'S NAME:	BIRTH DATE:	AGE:
<p>As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of skin cancer. Therefore, I give permission for personnel at Marshalltown Parks and Recreation Department Summer Blast to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he/she will be outside. I understand sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:</p>		
<input type="checkbox"/> I know of no allergies my child has to sunscreen		
<input type="checkbox"/> I have provided the following brand/type of sunscreen for use on my child:		
<input type="checkbox"/> My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen:		
<input type="checkbox"/> For medical or other reasons, please do not apply sunscreen to following areas of my child's body:		

Please give us information regarding your child's swimming ability and/or restrictions at the Aquatic Center. A swim test will be required to use the deep end and slides.

My child may use the following areas:

<input type="checkbox"/> Zero Depth Only	<input type="checkbox"/> Shallow water (lap lanes --5' deep)	<input type="checkbox"/> Lazy River
<input type="checkbox"/> Slides (must be 48" tall)	<input type="checkbox"/> Deep end (diving well & drop slide)	<input type="checkbox"/> All areas, no restrictions
Other information about swimming ability:		

Parental Permission

1. I/We recognize and agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Marshalltown for advertisements, training, or other purposes.
3. In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure property treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Parent/Guardian (Print) _____ Signature _____ Date _____

**MARSHALLTOWN PARKS AND RECREATION DEPARTMENT
SUMMER BLAST 2017**

MARSHALLTOWN PARKS AND RECREATION DEPARTMENT

SUMMER BLAST 2017

Reference Guide: Parents please keep this page for your records.

Immunization records may be faxes to the Parks & Recreation office at (641) 754-5728

Week # and Dates	With Season Pool Pass	Without Season Pool Pass	*Late Fee if paid after Thursday	Early Drop-off Weekly fee	Special Activities	Special Activity Fee	Payment due by 4:30 pm date to avoid late fee
1 June 5-9	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Palmer Family Fun	5.00	
2 June 12-13	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Sky Zone	5.00	June 8
3 June 19-23	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Phelps Youth Pavilion		June 15
4 June 26-30	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	River Boat Cruise		June 22
5 July 3-July 7 No camp July 4	\$ 60.00	\$ 68.00	\$10.00	\$ 4.00	Science Center		June 29
6 July 10-14	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Planet X	5.00	July 6
7 July 17-21	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Living History Farm		July 13
8 July 24-28	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Red Rock Lake		July 20
9 July 31-August 4	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Children's Museum		July 27
10 August 7-11	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Lost Island	15.00	August 4
11 August 14-18	\$ 75.00	\$ 85.00	\$10.00	\$ 5.00	Play station		August 10
Cost for all 11 weeks	\$780.00	\$884.00		\$52.00	Swim Lessons July 10 – 20	\$50	Weeks 6 & 7
					Swim Lessons July 31 – Aug. 10	\$50	Weeks 9 & 10

Immunization records may be faxes to the Parks & Recreation office at (641) 754-5728

Early drop-off: Prior to 7:40 am is considered early drop-off. Cost is \$5.00 per week (for 6:45 - 7:45 am). (Earlier drop off requires special advanced arrangement).

Pick up Time: 5:00 pm (by 5:15 pm to avoid a \$5 late pick up fee). Late pick-up requires special advanced arrangements. Any child picked up after 5:15 pm will be assessed a \$5.00 fee for every 15 minutes being late. Late pick-up fees must be paid prior to attending the next week of Summer Blast.

Late payment fee: To avoid a \$10 late payment fee, weekly fees (including any late pick-up fee) must be paid by Thursday of the preceding week attending. If questions, please contact the Parks & Recreation Office.

Summer Blast Special Activities

Additional Trip Fees: Palmer Family Fun 6/7 for \$5; Sky Zone 6/14 for \$5.00; Planet X 7/12 for \$5.00 and Lost Island 8/9 for \$15

Students will be transported, with a Summer Blast supervisor, to swim lessons listed below. School busses and/or city or school vans will be used for transportation.

Swimming Lessons at the Aquatic Center: July 10 – 20; and July 31-August 10; 9:00-9:45 am; \$50.00

Register early at Parks and Recreation, as space is limited (swim lessons, Summer Blast transportation & supervisor totals \$50). Swimming lessons are Monday – Thursday for two weeks. Fridays are weather related make-ups days.

For more information, please contact the Parks and Recreation Office at (641) 754-5715.