

# **FIT KIDS 2017**

The Recreation Department will be hosting its annual Fit kids Program. Open to ages 5 to 14\* (if 14 must be in 8th grade\*). Children will be participating in a wide variety of physical activities, arts, and crafts. Such as kickball, dodgeball, basketball, soccer etc. Along with water days and board games of many sorts. For Arts and crafts we will paint, draw, tie dye, bead, and create various projects.

**When:** June 20th to July 27th

**Days:** Tuesdays and Thursdays

**Time:** 9:00 a.m. to 12:00 p.m.

**Fee:** \$30.00

**Where:** Newman Youth Center

**Office Hours:** 2:30 p.m. to 6:00 p.m.



For more information feel free to call us at (209) 862-4440 or you can print out an application at the [cityofnewman.com](http://cityofnewman.com).

Pre Registration: The first 125 registrations will be accepted on the beginning of May 2nd. Must be a resident of Newman or Crowslanding. Proof of Residency may be required.

**Hope to see you there!**

\* R.A.P will not be offered for this program\*





City of Newman Recreation Department

“FIT KIDS” REGISTRATION CONTRACT

FOR OFFICE USE ONLY
DATE ACCEPTED:
INITIALS:

Please Print

Child's Name: Check One: Male Female

Birth Date: Grade: School:

Home Address: City: Zip:

Home Phone Number: Cell Phone Number:

Parent or Legal Guardian's Name:

May we contact you at work? Yes No Work Phone Number:

List any medical/physical condition that your child has that we need to be aware of:

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medication: Yes No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name (Other than self): Relation:

Home Phone Number: Cell Number:

My child has permission to walk home from Youth Center - Check One: YES NO

The City of Newman Recreation Department has my permission to use my or my child's photograph publically to promote the programming. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. YES NO

Please list family members/friends who have permission to pick up your child:

Name: Relationship: Phone Number:

Name: Relationship: Phone Number:

CONSENT OF WAIVER FOR PARTICIPANT: Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the City of Newman, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

I also understand that I must have my child arrive on time and pick them up on time. Remember this is your responsibility not the staff's responsibility.

I also understand the following refund policy: Full refund with the exception of a \$10.00 administrative fee charge, until the first day program starts. NO REFUNDS WILL BE ISSUED ONCE PROGRAM STARTS. I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at Newman Youth Center before my child will be allowed to participate

I have read and understand the summer program rules and consequences. I understand myself/my child must act in a responsible manner at all times. I understand that this is expected and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

Parent or Guardian's Signature

Date

Email Address: (Receive information via email about upcoming events or programs.)



## SUMMER PROGRAM RULES & CONSEQUENCES

### RULES

1. Take care of all equipment and put it away when finished.
2. Stay within the designated areas for class.
3. Show respect for all leaders and other participants.
4. Once you arrive at program, you CANNOT leave without written permission.
5. Obscene language will not be tolerated. Good sportsmanship is to be shown for all activities.
6. No gum, food or drink is allowed, except at designated times and areas.
7. Playing in the restrooms is not allowed.

### CONSEQUENCES

1. Warning!
2. Conference to discuss behavior and consequences/solutions.
3. Call parents.
4. Suspension from Summer Program.
5. Expulsion from Summer Program.

This is the usual order of consequences, but the severity of the problem may result in a different course of action.

Fighting will not be tolerated! All people involved in fights will automatically be sent home for one full day! Further action may be taken depending upon the circumstances of the incident.

**Any child that is not willing to participate must be picked up by parent immediately when called.**