



CITY OF BIG RAPIDS RECREATION DEPARTMENT
Summer Happenings

Parks . Programs . Pool
BR Rec
Play for Everyone



2010

BIG RAPIDS YOUTH PROGRAM
COME JOIN THE FUN THIS SUMMER



AGES: 5-12

FEE: \$2.00

WHERE: Big Rapids Middle School

WHEN: June 15th - Aug. 5th **1:00-3:00 Tuesday and Thursday**

WHAT: The Big Rapids Recreation Department would like to invite your kids to a supervised program to provide additional fun activities during the summer break. The program will consist of adult supervised games, arts-n-crafts, sports, water games and special events. It is advised to wear tennis shoes.



*Younger children are welcome when accompanied by someone 16 years or over.

Parents please be advised that this is not a structured day care program and can not replace your normal child care.

HOPE TO SEE YOU THERE

Thank you Department of Recreation
592-4038



Games

Field Hockey

Summer Fun

Meet new **Friends**

Kickball

Arts-n-Crafts

REGISTRATION FORM ---- CITY OF BIG RAPIDS/DEPARTMENT OF RECREATION

Child's Name

Address

City

State

Zip

Date of Birth

Age

Grade (going into in the Fall)

How will your child be traveling to and from the program? _____

Does your child have any existing or past medical conditions that may require attention by our staff? Yes No

If "yes", please explain _____

Who to contact in case of an emergency (if parents cannot be immediately contacted)

Name

Relationship

Home

Work

Name

Relationship

Home

Work

Mother's Information (please print) Name

Address (if different from child's address)

Home #

Work #

Other #

Father's Information (please print) Name

Address (if different from child's address)

Home #

Work #

Other #

RELEASE /WAIVER

As the parent/legal guardian of said child, I give permission for said child to participate in the above stated program. I understand and agree that the City of Big Rapids, its Recreation Department, and any other person connected with a City organized recreational program or activity is hereby released from liability for my child's injuries or medical expenses that may be incurred as a result of my child's participation in the program or activity, and I waive any claims for such injuries or medical expenses.

Parent's /Legal Guardian's Signature

Date