

February Vacation Camp!!



Mon, Tues, Wed, Thurs, Fri 2/22-2/26
8:30 a.m. - 5:00 p.m.
\$225 for 5 days or \$50 per day

Monday - Outdoor Fun! Ice skating, snowshoeing, sledding.

Tuesday - Pizza Putt, mini-golf, lazer tag, arcade and pizza.

Wednesday - Gym games, bouncing fun house, treasure hunt.

Thursday - Movie on the big screen and enjoy lunch at Stowe Dogs.

Friday - Swim, play arcade games and have lunch at Pie in the Sky.



Stowe Parks & Recreation

To register: (802) 253-6138

Email: recreation@townofstowevermont.org

Visit www.townofstowevt.org for registration forms



TOWN OF STOWE PARKS & RECREATION

February Vacation Camp Activity Registration Form

PO Box 730
STOWE VERMONT 05672
253 - 6138 / F 253-3723

Name	Date of Birth	Age	Grade
#1			
#2			
#3			
#4			

How did you hear about our program ?

Flyer or Advertisement

Green Letter

Internet

Word of mouth

Current participant

Other _____

We appreciate your advanced planning so that we can better accommodate your needs.
Please mark all of the programs listed below that your child plans to attend.

**Children must be registered prior to the first day of programming.

Please register us for:

February Vacation Camp	Monday, February 22nd - Friday February 26th	Child #1	Child #2	Child #3	Child #4	Total
All 5 days	\$225	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Monday 2/22 Outdoor Fun	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuesday 2/23 Pizza Putt & lunch	\$50 + \$15 activity fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wednesday 2/24 Gym & Bounce	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thursday 2/25 Movie & Lunch	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friday 2/26 Swimming & Lunch	\$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sub Total						_____

How to Pay

Payment at the time of registration is required.

For payment plan information, call 253-6138.

Payment Method

Cash or check payable to Town of Stowe.
Credit Card using Official Payments online service.
Logon to officialpayments.com, select Vermont, select Stowe, select Recreation and follow the instructions.
Print a payment receipt to include with your registration form. A nominal fee will be charged for this service, payable to Official Payments.

Completed registration forms and payment

Drop off at the David Gale Recreation Center
or mail to
Stowe Parks & Recreation
PO Box 730
Stowe, VT 05672

Refunds

Requests must be submitted in writing and are subject to a \$10 administrative fee.

How to Register

Registration:

Please sign up a minimum of two weeks in advance.
Payment is required at the time of registration

Required Tuition and Mandatory Fees: All Participants.

Complete the Household Family Registration.

Or

Update your Household Information.

&

Complete an Activity Registration Form.

Options

Select all days or individual day programs.

Registrations accepted on a first come, first served basis

Space is limited. Register early to avoid the Wait List.

Cancellations

Must be made at least two days in advance in order to be eligible for a refund or credit.

Notes:

For office use only

Amt. Rec'd _____
Ck# _____
Date: _____
Rec'd by: _____
 Payment Plan



TOWN OF STOWE PARKS & RECREATION

Household Registration Form

PO Box 730

STOWE VERMONT 05672

253 - 6138 / F 253-3723

We are an Existing Household on file Changes are noted below

Primary Guardian Name _____
 Date of Birth ___/___/___ Male Female
 Mailing Address: _____
 Physical Address _____
 Phone (H) _____ Phone (W) _____
 Cell _____
EMAIL ADDRESS _____
 Indicate any allergies, medical, physical limitations:

Secondary Guardian Name _____
 Date of Birth ___/___/___ Male Female
 Mailing Address: _____
 Physical Address _____
 Phone (H) _____ Phone (W) _____
 Cell _____
EMAIL ADDRESS _____
 Indicate any allergies, medical, physical limitations:

FAMILY MEMBER INFORMATION

1. Name _____ Male Female
 Age _____ Date of Birth ___/___/___ School Grade _____
 Indicate any allergies, medical, physical limitations or behavioral concerns:

2. Name _____ Male Female
 Age _____ Date of Birth ___/___/___ School Grade _____
 Indicate any allergies, medical, physical limitations or behavioral concerns:

3. Name _____ Male Female
 Age _____ Date of Birth ___/___/___ School Grade _____
 Indicate any allergies, medical, physical limitations or behavioral concerns:

4. Name _____ Male Female
 Age _____ Date of Birth ___/___/___ School Grade _____
 Indicate any allergies, medical, physical limitations or behavioral concerns:

MEMBER QUESTIONS

You have my permission to give my child Tylenol at your discretion.
 I give you my permission to administer first aid to my child.
 My child can swim proficiently in water over their head without a flotation device.
 I would like your staff to help my child apply sunscreen.
 I give my permission to the Stowe Parks & Recreation Staff, to transport my child to or from an activity/event/field trip in emergencies and special circumstances in a town owned vehicle

	Child 1	2	3	4
You have my permission to give my child Tylenol at your discretion.	Y / N	Y / N	Y / N	Y / N
I give you my permission to administer first aid to my child.	Y / N	Y / N	Y / N	Y / N
My child can swim proficiently in water over their head without a flotation device.	Y / N	Y / N	Y / N	Y / N
I would like your staff to help my child apply sunscreen.	Y / N	Y / N	Y / N	Y / N
I give my permission to the Stowe Parks & Recreation Staff, to transport my child to or from an activity/event/field trip in emergencies and special circumstances in a town owned vehicle	Y / N	Y / N	Y / N	Y / N

1st Emergency Contact Information: If parents are not available
 Name: _____
 Relationship: _____ Phone:(H) _____
 (W) _____ Cell: _____

2nd Emergency Contact Information: If parents are not available
 Name: _____
 Relationship: _____ Phone (H) _____
 (W) _____ Cell: _____

Waiver Agreement: I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give my consent for the named applicant to participate in the program(s) offered by Stowe Parks and Recreation. I hereby knowingly and fully release and hold harmless the Town of Stowe, its employees, elected officials, any volunteers, instructors or sub-contractors from any and all liability from injury claims, costs, loss of services, damages or loss of personal property in the said programs, activities or events.

I certify that my child/participant is in excellent health and that there are no limitations to his/her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child(rens) temporary guardian. In the event of an accident, injury, or illness and if reasonable effort to contact me has failed, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child/participant with any necessary medical treatment, including x-rays and medication.

Signature Parent(s)/Guardian if participant is under 18

Date

Stowe Parks & Recreation occasionally uses the photographs of participants in its programs and activities in promotional flyers presentations and related materials. If you do not want your photograph used in such material, please sign below.

I **do not** want my photograph included in any promotional flyers or materials for Stowe Parks & Recreation.

Signature Parent(s)/Guardian if participant is under 18

Date