

# ACTIVE KIDZ PROGRAM AT THE WOODBRIDGE CLUB

For the second year, The Woodbridge Club will run a morning supervised activity program during three summer weeks when the Town morning Rec program is not in session. This program for children entering 1<sup>st</sup> grade through 8<sup>th</sup> grade will run the weeks of June 18<sup>th</sup>, August 6<sup>th</sup> and 13<sup>th</sup>, Monday through Friday from 9:00am to 12:00 noon. (RAIN OR SHINE)

The program will include supervised activities, games, and instruction as well as some free time play. Planned activities are swimming, diving, inner tube water polo, basketball, volleyball, Newcomb, soccer, kickball, softball, football, tennis, tetherball, ping pong, foosball, air hockey, badminton, playground, and numerous other games. Children will be supervised at all times and provided with instruction by experienced educators.

Members wishing to participate in this program may drop their child off at the Woodbridge starting at 8:45am. Upon arriving at the Woodbridge Club, they will be greeted and signed in by our staff. Children should have had breakfast at home, but may bring a snack and water bottle. Children should be picked up at 12:00 noon.

**The swimming ability of all participants will be evaluated to determine the safest areas of the pool in which they will be permitted to swim.**

Not included in this Program fee but available to children in the Program are swimming and tennis clinics, and private tennis and swim lessons. Our staff will make sure that children who are scheduled for these activities are ready and arrive on time. Staff will be available at all times for any questions, concerns or emergencies.

**Program Fee \$100.00 per child each week**

**Questions: email Paul Davis - [pdavis@woodbridgeclub.org](mailto:pdavis@woodbridgeclub.org)**

**Active Kids Program Registration Form**  
Weeks of June 18, 2018, August 6, & 13 2018, 9:00AM – 12:00PM, Mondays through Friday  
[office@woodbridgeclub.org](mailto:office@woodbridgeclub.org)

**Please complete form and return it to the club office immediately.**

Please Print

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Grade Entering(Fall 2018) : \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Please circle weeks attending:

6/18-6/22    8/6-8/10    8/13-8/17

Mother/Guardian Name: \_\_\_\_\_

Contact Information for Mother:    Cellular Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Contact Information for Father:    Cellular Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

List two people that we may contact/release your child to in the event that you cannot be reached. Name:

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please notify the Woodbridge Club in writing if someone other than a parent/guardian or the individuals listed above will be picking up your child.

In case of accident or serious illness, I request that the Woodbridge Club contact me. If I cannot be reached, I hereby authorize the Woodbridge Club to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the Woodbridge Club may make whatever arrangements necessary.

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Is

there any medical problem to which we should be alerted? \_\_\_\_\_

Allergies: \_\_\_\_\_ Does child have an EpiPen? \_\_\_\_\_

Benadryl? \_\_\_\_\_ Do you authorize the Woodbridge Club to Administer an EpiPen and/or

Benadryl In case of an allergic reaction? Circle Yes No    Benadryl and EpiPen needs to be provided by parent in a sealed envelope with the child's name.

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

Grade Entering: \_\_\_\_\_

Swimming Ability: Please Circle

Non-swimmer

Beginner

Intermediate

Advanced

Each child's swimming ability will also be evaluated by our staff.

Please check one of the following below:

\_\_\_\_\_ My child is enrolled and will stay for the Kidz Klub Program at 12:00 noon.

\_\_\_\_\_ I will pick up my child at 12:00 noon.

\_\_\_\_\_ The below named individual will pick up my child at 12:00 noon.

Name of responsible adult: \_\_\_\_\_

Lunch and snack must be provided by parent or an account must be established at the Snack Bar.

I hereby give permission for the aforementioned child to participate in the activities at the Woodbridge Club.

I understand that my child must follow the Club's rules and behave in an appropriate manner. The Woodbridge Club has the right to revoke a child's participation in this program due to inappropriate behavior. Behavior rules apply to the bus ride from Woodbridge Recreation to the Woodbridge Club as well. If a child is dismissed from the program due to behavior issues parents will not be reimbursed for a partial week.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned, being the parent and/or guardian of \_\_\_\_\_ Do hereby release and discharge the Woodbridge Club, it's agents, servants, employees, and Board Members from any liability whatsoever that may result in injury or bodily harm, including death, or property damage that said child might sustain while participating in the aforementioned program and or activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_