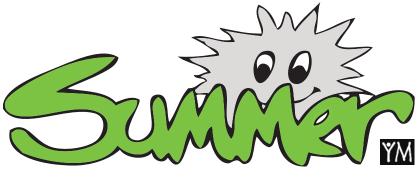
2017 HARC 39th Playground Program





FUN in the SUN for KIDS

Summer Playground has been an ongoing tradition for children ages 6–13 in the Hempfield area for the past 39 years. Fill your child's summer vacation with fun, exciting and safe activities all close to your home! Each week is a different pre-planned theme week during which they will learn and enjoy the out-ofdoors. For more information call Cristine Maser, Program Director, at cmaser@hempfieldrec.com or 898-3102, ext. 39.

Playground Sites:

Park: • Amos Herr Park

• Mountville Community Park

• East Petersburg Park

• Silver Spring Park

DATES: June 12–August 4 (No Playground 7/4)*

DAYS: Mondays–Fridays
TIME: 9 a.m.–3:30 p.m.
EARLY REGISTRATION FEE:

\$114—Hempfield Rec Center Youth Members

\$134—Hempfield Residents

\$154—Non-Residents

No phone registrations taken; parent signatures required.

Early Registration deadline is Wednesday, May 24.

Registration received after **5/24** will be charged a \$10 additional fee.

*All sites are closed on Pool Party Days (6/23, 7/7 & 7/21).

Must be registered for Playground in order to attend trips.

Registration Forms will be available on our website and at the front desk. No phone registrations taken; parent signatures required.

PLAYGROUND TRIPS

Children must be registered for Summer Playground in order to register for field trips.

- Field trips are optional and require additional fees to participate.
- Full payment is due at the time of registration—NO EXCEPTIONS.
- All fees are non-refundable.
- Each trip has a limited number of spaces available. All trips are first-come, first-served.
- All playground sites remain open for those not attending trips (except for Pool Party days).
- All field trip information will be included in the Parent Handbook that is available at www.hempfieldrec.com.

FIELD TRIP TRANSPORTATION PROCEDURE

All field trips will depart from and return to Amos Herr Park (except for the Pool Parties). You must drop your child off at the Amos Herr Park front parking lot at 9 a.m. Do not bring your child to their usual Playground site on field trip days as NO TRANSPORTATION will be provided directly from the other sites. Children will be dropped off after the field trip at Amos Herr Park and will remain there until picked up by 3:30 p.m.

Transportation is not provided for the Pool Party trips.

PLAYGROUND SCHOLARSHIPS

Financial Assistance for 2017 are available. Please visit our website for more information on our financial assistance program. Donations towards our scholarship program are welcomed.

One Form Per Child

Summer Playground Registration 2017

(Please Print)		ounner Flaygru	mu Keyi	311 a110/1 2017		
Participant's No	ame:			Choose Park Site:		
Sex:	Birthdate (MM/DD/YY):			Choose Fark Sile:		
Emergency Cor	Emergency Contact Information #21003 Amos Herr					
•	Guardian:			_ #015/05 . D .		
Street:	City: Zip:			#21568 East Pete		
•	De E. Hempfield De W. Hempfield De Mountville De E. Petersburg De Non-Resident De Mountville De Moun					
		☐ #21567 Silver Spring				
June 12-Aug. 4 (no PLG 7/4) M–F, 9a.m.–3:30p.m. Ages 6–13 Early Registration (By 5/24) \$114 YM/\$134R/\$154 NR Registration (After 5/25) \$124 YM/\$144 R/\$164 NR Pick up a parent handbook at www.hempfieldrec.com or Hempfield Rec Center.						
OPTIONAL TRIPS and SPECIAL EVENTS (Children must be registered for Summer Playground in order to register for field trips. Please indicate your attendance by entering the PAYMENT amount. Event participation in any and/or all is optional. All events are first-come, first-served basis due to space limitations.						
OFFICE USE	DESCRIPTION	DATE	COST	PAYMENT		
23384	Skyzone Trampoline Park #1	Tuesday, June 13	\$26	TATMENT		
23387	Laserdome Laesrtag & Light Show	Thursday, June 15	\$27			
23393	Turkey Hill Experience Tour and Tasting	Tuesday, June 20	\$26			
23403	East Pete Pool Party #1	Friday, June 23	\$10			
23409	Indian Echo Caverns Exploration & Gem Mine	Tuesday, June 27	\$26			
23406	Shanks Mare Nature and Steam Hike	Thursday, June 29	\$22			
23402	East Pete Pool Party #2	Friday, July 7	\$10			
23412	Hershey Adventure Sports Golf & Bumper Boats	Tuesday, July 11	\$26			
23415	Cherry Crest Adventure Farm	Thursday, July 13	\$27			
23429	Goin Bananans Family Fun Center #1	Tuesday, July 18	\$28			
23401	East Pete Pool Party #3	Friday, July 21	\$10			
23431	Goin Bananans Family Fun Center #2	Tuesday, July 25	\$28			
23417	Skyzone Trampoline Park #2	Thursday, July 27	\$26			
23434	Help Us Help Others Playground Financial Aid Fund	Anytime	\$10			
		7 tily lillio		ee: \$		
FIELD TRIP TRANSPORTATION: All field trips will depart from and return to Amos Herr Park. You must drop your child off at the Amos Herr Park front parking lot at 9am. Do not bring your children to their usual playground site on field trip days as NO TRANSPORTATION will be provided directly from the playground site locations. Children will be dropped off after the field trip at Amos Herr Park and will remain there until picked up by 3:30 p.m. *Transportation is not provided for the Pool Party trips. See Parent Handbook for details. Make check payable to HARC and mail to: Hempfield Area Recreation Commission, 950 Church Street, Landisville, PA 17538						
3 digit security code from back of card:						
Cardholder NameExpiration Date						
Signature:Date						
Waiver of liability: I, the above named candidate for participation in the above named activity, hereby, waive any claim for bodily injury or property damage against the Hempfield Area Recreation Commission, its agents, servants and /or employees while a participant in the above named activity. I also permit the Hempfield Area Recreation Commission to use any photographs or videotape of me or my child(ren) for promotional purposes.						
I hereby grant permission for my child to participate in the Trips and Special Events sponsored by the Hempfield Area Recreation Commission. I understand that some events listed involve bus transportation to and from the Playground Site.						
Signature:Date						

Emergency Contact and Consent Form

(Site closes at 3:30 PM) *All playgrounders must inform a staff member and sign out before leaving the site. Once he/she has signed out, the playgrounder	One Form Per Child (Please Print)					
Street: City: Zip: Mother's/Legal Guardian's Name: Daytime or Business Address: Street: City: Zip: Zip: Doytime Phone Number(s): Street: City: Zip: Doytime Phone Number(s): Street: City: Zip: Doytime Phone Number(s): Zip: Doytime or Business Address: Street: City: Zip: Zip: Daytime Phone Number(s): Zip: Daytime Phone Number(s): Zip: Daytime Phone Number(s): Zip: Daytime Phone Number(s): Daytime or Business Address: Street: City: Zip: Zip: Daytime Phone Number(s): Daytime Phone Number(s): Daytime or Business Address: Street: Daytime Phone Number(s): Day Phone Number(s): Daytime Phone Number(s): Day Phone Number(s): Day Phone Day Phone Day Phone Number(s): Day Phone	Child's Name:					
Mother's/Legal Guardian's Name: Daytime or Business Address: Street:	Birth date (MM/DD/YY):					
Daytime or Business Address: Street:	Street:	City:	Zip:			
Street:	Mother's/Legal Guardian's Name:					
Daytime Phone Number(s): Father's/Legal Guardian's Name:	Daytime or Business Address:					
Father's/Legal Guardian's Name: Daytime or Business Address: Street:	Street:	City:	Zip:			
Daytime Phone Number(s):	Daytime Phone Number(s):					
Street:	Father's/Legal Guardian's Name:					
Daytime Phone Number(s): Emergency Contact Person (other than parent): Daytime or Business Address: Street:	Daytime or Business Address:					
Emergency Contact Person (other than parent): Daytime or Business Address: Street:	Street:	City:	Zip:			
Daytime or Business Address: Street:	Daytime Phone Number(s):					
Street:	Emergency Contact Person (other than po	arent):				
Dismissal—Person(s) to whom child may be released: Name:	Daytime or Business Address:					
Dismissal—Person(s) to whom child may be released: Name:	Street:	City:	Zip:			
Name:	Daytime Phone Number(s):					
My child has the following allergies and/or dietary restrictions: *If your child has a TSS please provide advance information to the Program Director. Please list all medications your child takes below. All medications must be listed in the event of a hospital emergency. Playground staff are not permitted to dispense the medication. Medication:	My child will be released to anyone in the ab Playground site on his or her own in the followant of the Never Any time during the day*	oove "released" section.In addition, I give wing conditions: At the end of the day Other_ (Site closes at 3:30 PM)	my child permission to leave the Summer			
*If your child has a TSS please provide advance information to the Program Director. Please list all medications your child takes below. All medications must be listed in the event of a hospital emergency. Playground staff are not permitted to dispense the medication. Medication:	Medical Information					
Please list all medications your child takes below. All medications must be listed in the event of a hospital emergency. Playground staff are not permitted to dispense the medication. Medication:	My child has the following allergies and/or	dietary restrictions:				
staff are not permitted to dispense the medication. Medication:	*If your child has a TSS please provide adv	vance information to the Program Director.				
□ I certify that the above information is accurate and to the best of my knowledge, my child is of normal health—having no additional allergies, physical impairments, or illnesses that would require him/her to abstain from playground activities. I give the Hempfield Area Recreation Commission, its agents, servants and/or employees permission to provide and arrange for emergency medical assistance and treatment for my child.	*		e event of a hospital emergency. Playground			
allergies, physical impairments, or illnesses that would require him/her to abstain from playground activities. I give the Hempfield Area Recreation Commission, its agents, servants and/or employees permission to provide and arrange for emergency medical assistance and treatment for my child.	Medication:	tion:Medication:				
Signature of Parent or Legal GuardianDate	allergies, physical impairments, or illnesses t Area Recreation Commission, its agents, serv	hat would require him/her to abstain from	playground activities. I give the Hempfield			
	Signature of Parent or Legal Guardian		Date			