

The Sunshine Group 2020 Volunteer Application (ages 16+)

Director: Jessica Peck (978)790-9779

Assistant Director: Mark SanClemente

Email: thesunshinegrp@gmail.com

Website: www.thesunshinegrp.com

We are always happy to have volunteers join us for the summer program!
In order to cover the cost of the field trips that take place every Thursday, please include a \$100 donation in the form of a check made out to: **The Sunshine Group**

Program Dates:

Tuesday, July 7 - Friday, August 14 - 9:00 am - 12:00 pm (Our program runs Tuesday – Friday)

Oakland Park/Medway Senior Center, 76 Oakland Street, Medway, MA 02053

Sign Up for our Blog!

We post daily updates in order to keep in touch with families and provide updates throughout the summer. Sign up for the blog on our website www.thesunshinegrp.com!

Our blog will provide you with:

- photos and information about daily activities for conversation starters
- field trip information and permission slips
- reminders about upcoming events or any changes to our schedule

The blog is the easiest way for us to communicate information to all parents at once! Please check the blog often and consider signing up for emails that will alert you when a new blog has been posted!

Apply for Summer 2020:

Mail completed applications **by May 15th** with check made payable to **The Sunshine Group** to:

Jessica Peck
17 Kittredge Road,
Shirley MA, 01464

Note: Check is due with the registration, but won't be deposited until July 1st

* Save this page for your own records and mail the rest of the application in!

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Name: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Information: Primary Contact: _____

Relationship: _____ Best way to reach: _____

Contact: _____ Relationship: _____

Best way to reach: _____

Availability

Please return this application (a mailed hard-copy please) along with your check by May 15th to:

Jessica Peck
The Sunshine Group
17 Kittredge Road
Shirley, MA 01464

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TOWN OF MEDWAY RELEASE OF LIABILITY PARTICIPATION IN PARK & RECREATION PROGRAM

In consideration of acceptance of _____ as a participant in the Town of Medway Park and Recreation program and in consideration of the risks associated with such use:

1. I acknowledge that I have determined the nature and extent of the planned activities and feel that this participant is of sufficient age, ability, and discretion to participate.
2. I agree that this participation is at the discretion of the Medway Park and Recreation Department and if the participant becomes a discipline problem, he or she will be expelled from the program without refund of the program fee.
3. I hereby grant permission for emergency medical procedures deemed advisable for the participation in the event of injury or illness during participation unless otherwise noted on this form.
4. I agree that I will not sue, or otherwise make any claim against the Town of Medway, including its Park and Recreation Department (“the Town”), or its employees, agents, and officials, for any loss, injury or damage resulting from participation in these activities.
5. I agree that the Town and its employees, agents, and officials, shall not be legally responsible for any loss, injury or damage resulting from any cause, including negligence of any party.
6. I agree that use of equipment which is provided is at the participant’s own risk. I understand and agree that the Town shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. The Town makes no warranties of any kind regarding this equipment.
7. To the fullest extent allowed by law, I agree to RELEASE, DISCHARGE, INDEMNIFY and HOLD HARMLESS the town, its employees, agents and officials from all actions or claims from myself, my heirs or personal representatives for any loss, injury, or damage resulting from these activities, including the use of any equipment.
8. The terms of this Release shall also be binding as to any other persons, including family members, heirs, executors, or administrators. I understand that this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect
9. I have read the Release and am legally competent to sign this Release as the parent or legal guardian of the participant.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL.

Date: _____ Parent/Guardian Signature: _____

Print Name: _____

Participant Name (please print): _____

Date of Birth: _____ Age: _____