

The Sunshine Group 2023 Child Application

Keep this page for your Refrigerator!

Director: Jessica Peck (978)790-9779
Email: thesunshinegrp@gmail.com

Assistant Director: Mark SanClemente
Website: www.thesunshinegrp.com

Tuition: Medway Residents: \$500, Out of Town: \$700
Family discount details: www.thesunshinegrp.com/parents-and-children

Program Dates: **Wednesday, July 5 - Friday, August 11**
Our program runs Tuesdays – Fridays 9:00 am - 12:00 pm

Open House: Join us for an open house Thursday June 29th from 6-6:30

Location: Oakland Park - 76 Oakland Street, Medway, MA 02053

Weekly Schedule:

- Mondays - **Closed**
- Tuesdays - Program activities at Oakland Park
- Wednesdays - Program activities at Oakland Park
- Thursdays - Field Trips (please note there will be no field trip during week 1)
- Fridays - Swimming (Hinkley Swim Pond)

*Field trips and special activities will be posted on our website and shared with families prior to the season.

What to pack: Please label everything with your child's name so that we can return lost items!

- A labeled backpack with the following items:
 - Water bottle
 - Bathing Suit and Towel (We have a water slide and often play water games to cool down!)
 - Change of clothes
 - Snack (**We are a nut free zone - please do not pack any nut items**)

*NOTE: We will not be able to put sunscreen on your child. Please apply sunscreen at home prior to arriving at our program! Thank you!

Sign Up for our Blog! We post daily updates in order to keep in touch with families and provide updates throughout the summer. Please consider subscribing for email reminders when a new blog is posted. You can do this on our website www.thesunshinegrp.com!

Our blog will provide you with:

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

**In addition to our daily blog, we will be using a mass texting app to communicate with families.

Apply for Summer 2023: Mail completed applications ASAP (registrations will close when we reach capacity) 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

(Keep this page for your refrigerator and send the rest of the application in with your check!)

Permission to Photograph: I give permission for my child to be photographed for use in the slideshow, memory books and on the website/blog. **Circle your choice:** YES NO

Media Photography Permission: I give permission to have my child photographed by any news media **Circle your choice:** YES NO

Permission to Contact Via Mass Texting app: In order to quickly share critical information about safety protocols, or emergency closures, we will be using a mass texting app. I give permission to allow The Sunshine Group to add me to the mass texting group (your phone number will not be shared with others) **Circle your choice:** YES NO

**** Please Print Very Clearly ****

Child's Name: _____ DOB: _____ Age (by July 1st) _____

Grade they will be entering in the fall: _____

T-Shirt Size (circle one) **Youth:** XS S M L **Adult:** S M L XL XXL

Address: _____

Tell us about your child! (Allergies/ Fears/ Concerns (yours/the child's) or anything else we should know about your child. Feel free to write more information on the back of this page if you have more you would like to share!

Primary Contact Information: Name: _____

Phone: _____ Email: _____

Additional Contacts:

Name: _____	Name: _____
Phone: _____	Phone: _____

Bus Transportation will be provided for Medway residents only.

- I will require daily transportation to and from the program for my children (Medway residents only).
- I will drop off my child at 9 am and pick my child up at 12:00.

In Case of Emergency if we are unable to reach you, may we have permission to send your child to the nearest hospital for treatment?

Circle your choice: YES NO

I, the undersigned, as parent/guardian of the above mentioned child, do hereby permit the hospital and its physicians to perform on this child any procedure or treatment deemed necessary in an emergency situation.

Parent Signature: _____ Date: _____

TOWN OF MEDWAY
RELEASE OF LIABILITY
PARTICIPATION IN PARK & RECREATION PROGRAM: The Sunshine Group

In consideration of acceptance of _____ (child's name), a minor, as a voluntary participant in the Town of Medway Park and Recreation program, The Sunshine Group 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 acknowledge that the participant's participation in these voluntary programs may expose the participant to risks of personal injury or death resulting from such participation and the use of materials and equipment by the participant and other participants, and the exposure to harm such as may be presented by the COVID-19 virus. I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Medway Park and Recreation department has put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town cannot guarantee that the participant or I will not become infected with COVID-19, and I acknowledge that attending any program may increase participant's risk of contracting COVID-19.
3. 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.
4. 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.
5. 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, including but not limited to exposure to and infection by the COVID-19 virus, resulting from participation in these activities.
6. 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.
7. 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.
8. 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, including but not limited to exposure to and infection by the COVID 19 virus, resulting from these activities, including the use of any equipment.

9. 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

10. 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 (of signature above): _____

Address: _____

Telephone Number: _____

Participant Name (Please print): _____

Date of Birth: _____ Age: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____