

# SUMMER RECREATION 2024

The 2024 Castle Shannon Summer Recreation Program will soon be accepting registrations. This popular program, which is held at **RIEHL PARK**, is open to Borough children who have completed Kindergarten through age 12.

**Returning This year is our Counselor Training Program:** If your child is 13 and still wants to participate, they can sign up as a counselor in training. Counselors in training will have similar duties as those of counselors but will still be able to participate fully in all activities. They will sign up using this form and put "CIT" after your participants name.

Enrollment will be held on Saturday, May 18<sup>th</sup> from 10:00am-12:00pm at the Castle Shannon Community Library. There is a registration fee of \$30.00 per child (with a maximum of \$60 per family) due at time of registration. A \$20 fee will be assessed for any returned check.

The kids will enjoy five weeks of games, crafts, and other fun activities. The program will begin June 24<sup>th</sup> and end on August 2<sup>nd</sup>. The program will take place Monday through Friday from 9:00am until noon, weather permitting. Pick up is promptly at 12:00pm.

Proof of age and residency will be required at registration. Please be prepared to provide us with information about your child's allergies and any medication he/she requires.

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## REGISTRATION FORM – Castle Shannon Summer Recreation Program ----- June 24<sup>th</sup>-August 2<sup>nd</sup>

Family Name (last name): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participants First Name	Age	Grade	Resident TOTAL
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Do any of the above participants have any allergies? YES NO  
If yes, please name participant and explain: \_\_\_\_\_

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### Castle Shannon Borough – Statement of Understanding & Release

We, the undersigned, as parents and/or guardian of \_\_\_\_\_ hereby enroll our minor children in the Summer Recreation Program of the Borough of Castle Shannon.

In so enrolling our child/children, we recognize and agree that:

1. Participation in programs and recreational activities can result in serious injury, disease including but not limited to COVID-19, and disabilities to our child(ren);
2. As the parents/guardians of said child/children, we are responsible for any and all medical expenses and/or injuries sustained by our child/children as a result of participation in the said Program;
3. Health insurance coverage for any child participating in the Summer Recreation Program is not provided by the Borough of Castle Shannon. Responsibility for providing medical insurance, if any, is that of the parents and/or guardians;
4. In consideration of the Borough agreeing to accept our child/children in its Summer Recreation Program, we hereby release and hold harmless the Borough of Castle Shannon, its officers and employees, from any and all liability for any injury, liability or claim that might arise by reason of our child(ren)'s participation in the Program.

Signature Required:

Date:

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