

REGISTRATION FORM

G.J. AUFMAN, JR. JOINT RECREATION PROGRAM

Borough of Bradford Woods, Borough of Franklin Park, Township of Marshall & Town of McCandless

Resident school age students in the North Allegheny School District are invited to attend the SUMMER RECREATION PROGRAM sponsored and funded by the joint municipalities of Bradford Woods, Franklin Park, Marshall and McCandless.

DATES: Monday through Friday
Beginning Monday, June 10, 2019 through Wednesday July 3, 2019. Transportation to the respective Centers is the responsibility of the parents. No program July 4th holiday.

TIME: The program will be offered from 8:45 a.m. until 12:00 noon, with no provisions for lunch.

INSURANCE: Each participant is required on the first day of attendance to have \$135.00 for service and the insurance program. This is less than \$2.00 per hour for each participant. This is a \$50.00 deductible insurance coverage and will supplement any present accident insurance policy held by the family. Checks are to be made payable to the *Town of McCandless*.

THE PROGRAM WILL INCLUDE TEAM SPORTS, GROUP RECREATION, AND ARTS AND CRAFTS

CENTERS: Hosack Elementary School (Grades 1-8), and
Bradford Woods Elementary School (Grades 1-8)

PARTICIPANTS MUST HAVE COMPLETED THE FIRST GRADE. Centers will be located at the following school sites. Participants may attend any Center. Arts and Crafts at all Centers.

IF YOU HAVE ANY QUESTIONS RELATIVE TO THE SUMMER RECREATION PROGRAM, PLEASE CONTACT THE CENTER DIRECTOR ON THE FIRST DAY.

Students who wish to participate in the G.J. AUFMAN, JR SUMMER RECREATION PROGRAM are required to complete both the Registration and the Medical Authorization forms and **TURN THEM INTO THE CENTER DIRECTOR ON THE FIRST DAY OF ATTENDANCE** along with the \$135.00 service and insurance program fee.

SUMMER RECREATION PROGRAM - 2019

NAME _____ AGE _____ BOY _____ GIRL _____

Check the Recreation Center you will attend:

_____ Hosack Elementary
_____ Bradford Woods Elementary

Check the Borough or Township in which you reside:

_____ Bradford Woods
_____ Franklin Park
_____ Marshall
_____ Town of McCandless

HOME ADDRESS _____
House Number _____ Street Address _____ Telephone Number _____
City _____ Zip Code _____

Email Address: _____ Cell Phone: _____

THE REGISTRATION AND MEDICAL AUTHORIZATION FORMS MUST BE COMPLETED BEFORE SUBMITTING TO THE CENTER DIRECTOR