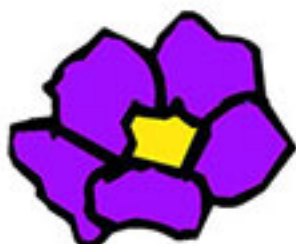


City of Wayne Parks and Recreation Department
Presents...

Take-A-Break Days!!!

Day Camp for Kids

April 5 - 9, 2010



7:30am - 5:30pm



Cost

\$26/Day - Resident/Corporate;

Corporate Rates include employees of City of Wayne, RESA, Oakwood, WWCS, Ford Motor Company, CVS, Airlines, EQ, Wayne Co, Wayne Steel Pro, WCLS, CCS Business Machines, Budget Brothers, Ringmasters, and Smart Bus

\$33/Day - Non-Resident

Field Trip Day (April 8) is an additional \$5

10% off each additional child in the same household!
Register for all five days by March 26th and get the fifth day free!

Open to all children kindergarten through seventh grade. Activities include: swimming, ice skating, arts & crafts, a field trip, and much more!! Please bring a swim suit, towel, and a sack lunch. Must have a minimum of ten children per day! We are now accepting registrations at the Wayne Community Center Information Desk. For more information visit our website at www.ci.wayne.mi.us or call (734) 721-7400.

**2010 CITY OF WAYNE PARKS AND RECREATION DEPARTMENT
TAKE-A-BREAK DAYS PARENT/CHILD AGREEMENT AND CONSENT FORM**

CHILD INFORMATION

Child Name(s) _____
Birth Date(s) _____ Age(s) _____ Sex M F
Address _____
Street City Zip

EMERGENCY CONTACTS

Parent/Guardian Name _____
Address _____
Street City Zip
Phone (Day) _____ (Evening) _____

In case of emergency, and parent/guardian cannot be reached, please list another person we can notify:

Name _____
Address _____
Street City Zip
Phone (Day) _____ (Evening) _____
Relationship to child _____

MEDICAL AUTHORIZATION

List allergies (if any) or any knowm medical conditions which staff should be aware of: _____
If child/ward has allergies, do they carry an Epi-Kit? Yes No
Please list any current medications to be taken daily _____
Will your child have to take any of these medications during camp hours? Yes No
If yes, when should your child take this medication and what is the dosage? _____
Time of medication _____ Dosage _____

PICK-UP AUTHORIZATION

The following people may pick-up my child at Take-A-Break Days (Please include parents' names)

Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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CONSENT FORM

- I agree that if the behavior or health of my child should make it necessary to send him/her home prior to the scheduled return time, I will assume all responsibility for any expenses incurred.
- I understand that if my child's behavior problem continues to where extra attention is needed, the City of Wayne Parks and Recreation Department reserves the right to dismiss my child.
- I agree to allow the City of Wayne to take photos of my child during the course of recreation activities for possible use in future publications.
- In consideration of this registration being accepted I hereby, for myself, heirs, executors, administrators and assignees, waive any and all rights and claims for damages and losses I may have and/or their respective agents, representatives, successors, and assignees for any and all losses or injuries suffered by myself/my child during the life of this program. I agree that I/my child will participate according to the rules/regulations established for this activity program.

Signature

Date

Please circle the following dates that your child is attending Take-A-Break Days.

April 5 6 7 8 9