

# Conyngham Park Program 2025

**June 16<sup>th</sup>- July 25<sup>th</sup> Monday through Friday 9:00 am to 12:00 noon**

The fee for the program will be **\$180.00 per child Non-Refundable** for 6 weeks, regardless of how many days per week your child attends. Parents must pay for the program at the time of registration. Check payable to Conyngham Borough.

## Program

The program will include a variety of arts and crafts, games, athletics activities, story time, theme days, special events, and guest speakers. We encourage dressing the children appropriately for the outdoor activities. *Please have your child/children wear sneakers every day.* **ABSOLUTELY NO FLIP-FLOPS!**

## Age Requirements

Children must be at least **five years old (by JUNE 1<sup>st</sup>)** and no older than **twelve years of age**. **NO EXCEPTIONS!** BIRTH CERTIFICATE REQUIRED FOR 5 YEAR OLDS ONLY!!

## Rain

In the event of rain, the program may be held in the CVCO Gym depending on availability. More information will be provided at a later date.

## Hours

The program runs from **9:00 am to 12:00 noon**. Parents are asked to drop off their children **no earlier than 9:00 am and pick them up no later than NOON**.

- All children must be signed in and out daily by an adult. Upon sign-in, the staff will need to know who will be picking your child/children up for that day.

## Guest Speakers

There will be several guest speakers joining us throughout our 6 week program.

## Lunch/Snack

Lunch will be provided Monday through Thursday by the Hazleton Area School District. Children are also welcome to bring their own lunch/snack if they choose to do so.

## Swimming

Swimming may be scheduled upon availability at the CVCO pool. More information will be provided at a later date.

The Abuse and Molestation Policy is available online at [conynghamborough.org](http://conynghamborough.org).

Our child-staff ratio is 7 to 1. Any concerns/complaints should be addressed with the director the same day. All staff members wear uniforms marked **STAFF**.



# CONYNGHAM CHILDREN'S RECREATION PROGRAM

## REGISTRATION FORM

### Personal Information

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ town \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Medication \_\_\_\_\_

**PRIMARY CONTACT** Name/Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**SECONDARY CONTACT** Name/Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_

### Physician Information

Child's Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Fee: \$170.00 NON-REFUNDABLE

### Rules

1. Pick up children promptly at 12:00 p.m. No exceptions.
2. Please dress in appropriate clothing (shorts, T-shirts, socks and sneakers)
3. Children are expected to listen to the Director and Aides at all times.

I have read and understand the rules of the Park Program. I give my consent to have my child enter the Conyngham Recreation Program and understand that the cooperating authorities and owners of Whispering Willows Park and the Conyngham Recreation Board will not be held responsible for loss of property, nor injury or death due to accident.

Parent's Signature \_\_\_\_\_

### **PRESS RELEASE**

I hereby give permission for the Conyngham Recreation Board to use my child's name or photograph in news releases about the Conyngham Park Program in which he/she is participating.

Parent's Signature \_\_\_\_\_

I hereby give my child permission to walk to and from the Park Program on his/her own (must be over age 8).

Parent's Signature \_\_\_\_\_

CONYNGHAM BOROUGH YOUTH PARK PROGRAM

PARENTAL PERMISSION TO PARTICIPATE AND  
RELEASE FROM LIABILITY

I, \_\_\_\_\_ hereby give permission to my son/daughter,  
\_\_\_\_\_, to participate in the Conyngham Borough Youth Park  
Program.

In consideration of being allowed to participate in the Program as administered by the Borough of  
Conyngham, Luzerne County Pennsylvania, including all related events and activities, I, intending to be legally  
bound, acknowledge the following:

1. I acknowledge and fully understand that my child will be engaging in various activities, including sports  
and general recreation that may involve risk of injury, and that there may be other risks not known to  
us or not reasonably foreseeable at this time.
2. That we assume all of the foregoing risks and accept personal responsibility for any damages following  
injury, disability or other implications.

We hereby release, waive and discharge the Borough of Conyngham, Luzerne County, its administrators,  
council, agent, servants, workmen and/or employees from demands, losses or damages on account of injury  
to person or property caused or alleged to be caused, in whole or in part, by negligence or otherwise.

The undersigned has read the above Waiver and Release and understands the substantial rights may be given  
up by signing the same and, notwithstanding, they sign it voluntarily.

\_\_\_\_\_  
Signature

I give permission for sunscreen/first aid to be applied to my child.

\_\_\_\_\_  
Signature

I give permission for my child to swim at the CVCO pool.

\_\_\_\_\_  
Signature

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

### READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the Conyngham Valley Civic Organization related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and Coronavirus diseases) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, MY SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Conyngham Valley Civic Organization; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child/Ward: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### **UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: \_\_\_\_\_

Signature of Child/Ward: \_\_\_\_\_

Date Signed: \_\_\_\_\_