

MARSHALLTOWN PARKS AND RECREATION DEPARTMENT SUMMER BLAST 2018

Weekly Dates	With Season Pass	Without Season Pool Pass	Early Drop-off Weekly fee	* Late Payment Fee	Special Activities	Special Activity Fee	Total Paid	Date Paid
June 6-8	\$45	\$51	\$3	\$10				
June 11-15	\$75	\$85	\$5	\$10	Palmer Family Fun	\$5		
June 18-22	\$75	\$85	\$5	\$10	Iowa Children's Museum			
June 25-29	\$75	\$85	\$5	\$10	Perfect Games	\$5		
July 2-July 6	\$60	\$68	\$4	\$10	NO CAMP JULY 4th			
July 9-13 *	\$75	\$85	\$5	\$10	The Play Station	\$5		
July 16-20 *	\$75	\$85	\$5	\$10	Sky Zone			
July 23-27	\$75	\$85	\$5	\$10	Blank Park Zoo			
July 30-August 3 *	\$75	\$85	\$5	\$10	Field of Dreams			
August 6-10 *	\$75	\$85	\$5	\$10	Adventureland	\$25		
August 13-17	\$75	\$85	\$5	\$10	Iowa State Capital			
11 Week Totals	\$780	\$884	\$52					
Pool Pass #				*Weeks 6 & 7	Swim Lessons July 9 – 19	\$50		
				*Weeks 9 & 10	Swim Lessons July 30 – August 9	\$50		

Early Drop-Off: Available 6:45 - 7:45 am for a \$5 fee. If early drop-off is needed, drop-off time needed is: _____ AM

Late payment fee: To avoid a \$10 late payment fee, all fees are required by 4:30 pm Thursday preceding the week attending.

Pick Up Time: 5:00 pm. **Late Pick Up:** Late pick-up requires special advanced arrangements by staff. Any child picked up after 5:15 pm will result in a \$5 charge for every 15 minutes picked up later than 5:15 pm.

Child's Name:		Birth Date:		Age:	
Grade Entering:		School Attending:		Teacher:	
PARENT(S)/GUARDIAN(S)					
1. Name			Relationship To Child		
Address			Email		
Home Phone		Cell #		Work #	
2. Name			Relationship To Child		
Address			Email		
Home Phone		Cell #		Work #	

Circle T-Shirt Size:	6-8	10-12	14-16	Adult S	Adult M	Adult L	Adult XL
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Including parents, please list up to six people permitted to pick up your child from Summer Blast. Please notify the people listed their photo ID is required when picking up your child.

Persons Authorized (including parents) To Pick Up Child	Relationship To Child	Phone Numbers
1		
2		
3		
4		
5		
6		

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EMERGENCY TREATMENT & WAIVER OF LIABILITY

Child's Name:		Birth Date:		Age:
EMERGENCY CONTACT PERSONS				
1. Name			Relationship To Child	
Home Phone	Cell #		Work #	
2. Name			Relationship To Child	
Home Phone	Cell #		Work #	
3. Name			Relationship To Child	
Home Phone	Cell #		Work #	

Who has any custody or restraining orders involving contact or pick up with this Summer Blast child?

Name	Name
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In the event my child needs medical treatment, I hereby authorize treatment of the above named minor by a qualified and licensed health care professional. This authorization is valid only after reasonable effort has been made to contact me.

IMMUNIZATION RECORDS MUST BE PROVIDED PRIOR TO START DATE!

Immunization record may be faxed to the Parks & Recreation office at (641) 754-5728

Physician Name	Dentist Name
Phone Number	Phone Number
Address	Address
Hospital Preference	
Date Of Last Physical Exam	Date Of Last Tetanus
Insurance Company	Policy Holder ID
Child's Allergies	Present Medication
1.	Illnesses/Surgeries/Medical Concerns (Age of occurrence)
2.	1.
3.	2.

Physical Assessment – To Be Completed By Parent

Is there any defect of vision, hearing or speech of which Summer Blast should be aware, or could compensate by appropriate action?	
Is this child subject to any conditions which limit any activities?	
Is this child subject to any condition which may result in an emergency situation?	
Is this child subject to any mental or physical condition for which he/she should remain under periodic observation?	
Other information helpful for Summer Blast:	

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Child's Name:	Birth Date:	Age:
<p>As the parent or guardian of the above named child, I recognize that too much sunlight may increase the risk of skin cancer. Therefore, I give permission for personnel at Marshalltown Parks and Recreation Department Summer Blast to apply sunscreen product of SPF 15 or higher to my child, as specified below, when he/she will be outside. I understand sunscreen may be applied to exposed skin, including, but not limited to, the face, tops of ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:</p>		
<input type="checkbox"/> I know of no allergies my child has to sunscreen		
<input type="checkbox"/> I have provided the following brand/type of sunscreen for use on my child:		
<input type="checkbox"/> My child is allergic to some sunscreens. Please only use the following brand(s) and type(s) of sunscreen:		
<input type="checkbox"/> For medical or other reasons, please do not apply sunscreen to following areas of my child's body:		

Please provide information regarding the swimming ability of your child and/or restrictions while at the Aquatic Center. A swim test is required prior to use of the deep end or slides.

My child may utilize the following areas:

<input type="checkbox"/> Zero Depth Only	<input type="checkbox"/> Shallow water (lap lanes --5' deep)	<input type="checkbox"/> Lazy River
<input type="checkbox"/> Slides (must be 48" tall)	<input type="checkbox"/> Deep end (diving well & drop slide)	<input type="checkbox"/> All areas, no restrictions
Other information about swimming ability:		

Parental Permission

1. I/we recognize and agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Marshalltown for advertisements, training, or other purposes.
3. In the event of injury or illness, I hereby give my consent for medical treatment, and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure property treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Parent/Guardian (Print) _____ Signature _____ Date _____

**MARSHALLTOWN PARKS AND RECREATION DEPARTMENT
SUMMER BLAST 2018**

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Parents please keep this page for your records.

Immunization records may be faxes to the Parks & Recreation office at (641) 754-5728

Weekly Dates	With Season Pass	Without Season Pool Pass	Early Drop-off Weekly fee	* Late Payment Fee	Special Activities	Special Activity Fee	Payment due by 4:30 pm these dates to avoid a \$10 late payment fee
June 6-8	\$45	\$51	\$3	\$10			Thursday, June 7
June 11-15	\$75	\$85	\$5	\$10	Palmer Family Fun	\$5	Thursday, June 14
June 18-22	\$75	\$85	\$5	\$10	Iowa Children's Museum		Thursday, June 21
June 25-29	\$75	\$85	\$5	\$10	Perfect Games	\$5	Thursday, June 28
July 2-July 6	\$60	\$68	\$4	\$10	NO CAMP JULY 4th		Thursday, June 28
July 9-13 *	\$75	\$85	\$5	\$10	The Play Station	\$5	Thursday, July 12
July 16-20 *	\$75	\$85	\$5	\$10	Sky Zone		Thursday, July 19
July 23-27	\$75	\$85	\$5	\$10	Blank Park Zoo		Thursday, July 26
July 30-August 3 *	\$75	\$85	\$5	\$10	Field of Dreams		Thursday, August 2
August 6-10 *	\$75	\$85	\$5	\$10	Adventureland	\$25	Thursday, August 9
August 13-17	\$75	\$85	\$5	\$10	Iowa State Capital		
Cost of all 11 weeks	\$780	\$884	\$52				
Pool Pass #				*Weeks 6 & 7	Swim Lessons July 9 – 19	\$50	
				*Weeks 9 & 10	Swim Lessons July 30 – August 9	\$50	

Immunization Records: Records are required prior to start date and may be faxed to Parks & Recreation - (641) 754-5728.

Early drop-off: Prior to 7:45 am is considered early drop-off. Earlier drop off requires advanced arrangement and payment. Cost is \$5.00 per week (for 6:45 - 7:45 am).

Pick up Time: 5:00 pm. Late pick-up requires special advanced arrangements of staff and payment.

Late Pick Up: Late pick-up requires special advanced arrangements of staff. Any child picked up after 5:15 pm will result in a \$5 charge for every 15 minutes picked up is later than 5:15 pm. Payment is required preceding the week attending.

Late payment fee: To avoid a \$10 late payment fee, all weekly fees (including late pick-up fees) are required by 4:30 pm Thursday of the preceding the next week attending.

Summer Blast Special Activities

Special Activity Fees: To offset admission and transportation costs, a nominal fee for Palmer Family Fun on 6/13 of \$5; Perfect Games on 6/27 of \$5; The Play Station on 7/11 of \$5; and Adventureland on 8/8 of \$25 is required.

Swimming Lessons at the Aquatic Center: July 9 – 19; and July 30-August 9; 9:00-9:45 am; \$50.00

Space is limited so enroll early at Parks and Recreation. Swimming lessons are Monday – Thursday for two weeks. Fridays are weather related make-ups days. School busses and/or city or school vans transport participants, with a Summer Blast supervisor, to swim lessons. Summer Blast staff remain at the pool with participants.

What to Send With Your Child: NOTHING. Snacks are provided and staff are not responsible for personal items! EXCEPT: On Tuesdays & Thursday carry in a bag containing a swim suit, towel, sun screen and water shoes or flip flops.

For additional information, please contact the Parks and Recreation Department office at (641) 754-5715.