

# Central Falls Summer Food Service Program

June 27th, 2017 - August 25th, 2017

9:30 AM - 2:30 PM

## OUR PROGRAM:

We provide FREE breakfasts and lunches, seven days a week, to anyone age 18 and under. Mondays through Fridays we also offer additional educational and recreational programming in Jenks Park. Breakfasts will be served at 10:00AM and Lunch will be served at 12:00PM. Additional lunches will be served by our Mobile Unit beginning at 4pm (see mobile unit section below for full schedule).

## ACTIVITIES: (Jenks Park)

Field Games   Soccer   Arts & Crafts   Basketball   Baseball   Board Games  
Face Painting   Water Games   Drawing   Nature Walks   Field Trips   Kickball

## CAMP POLICIES:

- **BEHAVIOR:** The director/supervisors reserves the right to have a child sit down for a period of time if the camper's behavior interferes with operation of the group, activities, or camp. Participants who are unable to follow program rules may be asked to speak to the program director and/or leave the park.
- **INCLEMENT WEATHER:** Please be reminded that our camp is primarily an outside program. In the case of inclement weather we will be located inside Forand Manor, located at 30 Washington St., Central Falls, RI (back side of Jenks Park), where we'll continue the same scheduled programming.

## CONTACT NUMBERS:

We ask that you please provide us with a working phone number along with an additional emergency contact number. In the case of an emergency, it is important that we are able to contact you or someone who can make decisions for your child.

## MOBILE UNIT:

The Central Falls Summer Food Service Program Mobile Unit will make various stops at city parks to serve late lunches. All meals must be eaten on-site at the park. The schedule of stops is as follows:

4pm/5pm – Higginson

4:15pm/5:15pm – Crossman St Playground

4:30pm/5:30pm – Cowden Court

4:45pm/5:45pm – Sacred Heart Playground

## PHOTO/IMAGE RELEASE:

Occasionally, we will take pictures and/or conduct video recordings during the summer program. We use the pictures or videos on our social network sites like Instagram, Facebook and Twitter, for promotional outreach and fund development capacities. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures and videos; we will use them exclusively for the Summer Food Service Program social networks and aforementioned purposes. By signing this form you grant the Summer Food

Service Program permission to use photo and video recordings of your child in our promotional materials.

**FIELD TRIPS:**

The Central Falls Summer Food Service Program will be offering field trips most weeks during the program. We will provide transportation by bus or van, for a select number of youth, from Jenks Park to each field trip location and back. By signing this form you will be granting your child the permission to attend to all of our scheduled field trips. For specific details on each of the field trips please contact 401-519-8228.

**DISCLAIMER:**

Please note: The Summer Food Service Program staff is responsible for conducting safe and fun activities and distributing meals; they are NOT responsible for supervising children in the absence of parents. We recommend any child under the age of 13 be accompanied by an adult. City of Central Falls and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with the City of Central Falls and all related activities associated with the City of Central Falls, including injury, loss or damage.

**ASSUMPTION OF RISKS:**

IN CONSIDERATION OF the City of Central Falls allowing me or my child to participate in events, activities, or travel with City of Central Falls and all related activities associated with the City of Central Falls, including participation in the aforementioned event inclusive, and all activities related to the City of Central Falls, I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in activities including the possible risk of severe or fatal injury to myself or others.

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF City of the Central Falls allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the activities.
2. **TO WAIVE and RELEASE** the City of Central Falls from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS** the City of Central Falls from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.

4. **TO INDEMNIFY and HOLD HARMLESS** the City of Central Falls from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the activity.

## **YOUTH PARTICPATION CONSENT**

### **Acknowledgment of Participant:**

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the City of Central Falls activities, and to obey requests to comply with safety regulations as directed by the persons in charge, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from activities. At all sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the City of Central Falls or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as the City of Central Falls deems necessary.

### **Acknowledgment of Parent or Guardian of Participant:**

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the event, including any use of private or public transportation deemed necessary by the persons in charge of the event for Participant travel to and from the activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the City of Central Falls. We also understand that the participant may be photographed or appear in video for such purposes as the City of Central Falls deems necessary.

**ACKNOWLEDGEMENT and SIGNATURE**

**I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT** that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective on the date mentioned in the event description.**

**(PLEASE PRINT CLEARLY BELOW)**

\_\_\_\_\_  
*Participants Name*

*Gender:* M\_\_\_ F\_\_\_

*Date Of Birth (MM/DD/YY):*    /    /

\_\_\_\_\_  
*Parent/Guardian Name*

\_\_\_\_\_  
*Relationship to Participant(s)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Zip Code*

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

\_\_\_\_\_  
*Add'l Phone Number*

\_\_\_\_\_  
**\*\* ALTERNATE CONTACT NAME, IN THE EVENT OF EMERGENCY \*\***

\_\_\_\_\_  
**RELATIONSHIP TO PARTICIPANT**

**ALTERNATE CONTACT PHONE NUMBER:** \_\_\_\_\_

**Please Describe any Allergies or Medical Conditions your Child has that we should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*