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OPEN GYM

**GET OUT OF THE HOUSE THIS SUMMER !**

SUMMER PASS

**@ the Fishkill Recreation Center**



* **DESCRIPTION:**
	+ Times have been scheduled for respective ages to come use the gym to play or work on their game this summer. This is a great opportunity to get the kids out of the house for a few hours this summer instead of being cooped up inside!
* **DETAILS:**
	+ Parents must complete attached Recreation Waiver for their child
	+ Bring completed Recreation Waiver to your first visit with payment. *(Please bring exact change or a check)*
	+ Please do not bring a basketball. Basketballs will be supplied by Fishkill Recreation.
	+ Parents may stay or

leave.

**Turn Over For Summer Schedule 🡪**

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| **SUMMER PASS FEES:** |
| **Elementary Students (1st-5th graders):** | $10 for the summer (6 visits) |
| **Middle School Students (6th-8th graders):** | $20 for the summer (12 visits) |
| **High School Students (9th-13th graders):** | $20 for the summer (12 visits) |
| **Adults (18 & older):** | $20 for the summer (12 visits) |
| **One Day Visit (all grades/ages):** | $5 per visit. Must attend appropriate age group |
| **Grades are based on your Fall 2019 grade.** |

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| **JULY 8 – JULY 26 (first 3 weeks)** |
| **TIME** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** |
| **12:30pm-2:30pm** | **Middle School***(6th-8th graders)* | **High School***(9th-12th graders)* | **Middle School***(6th-8th graders)* | **High School***(9th-12th graders)***&****Adult***(18yrs & older)* | **Adult***(18yrs & older)* |
| **JULY 29 – AUGUST 16 (second 3 weeks)** |
| **TIME** | **Mon** | **Tues** | **Wed** | **Thu** | **Fri** |
| **10:30am-12:30pm** | **X** | **Elementary School***(1st-5th graders)* | **X**  | **Elementary School***(1st-5th graders)* | **X**  |
| **12:30pm-2:30pm** | **Middle School***(6th-8th graders)* | **High School***(9th-12th graders)* | **Middle School***(6th-8th graders)* | **High School***(9th-12th graders)***&****Adult***(18yrs & older)* | **Adult***(18yrs & older)* |

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**Player Waiver**

**2019**

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| Participant’s First Name | Participant’s Last Name | Sex |  D.O.B / / |
| Email Address | Cell Phone: |
| School Attending (if applicable) | Grade (if applicable) |

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| **IF UNDER 18:** *If participant is under the age of 18, this section is to be completed by their parent/guardian.* |
| Mother/Guardian Name | Cell Phone | Email |
| Father/Guardian Name | Cell Phone | Email |
| Emergency Contact Name **(other than parent)** | Phone |
| **MANDATORY WAIVER** | As the Parent/Legal Guardian of the above individual, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims. In addition, I hereby grant permission for my child to be transported and treated in the event of medical emergency if I cannot be reached.**X**  |
| Parent/Guardian Signature | Date |
| **OPTIONAL WAIVER** | I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department.**X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Parent/Guardian Signature | Date |

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| **IF 18 & OVER:** *If participant 18 or older, this section is to be completed by the participant.* |
| Emergency Contact Name **(other than parent)** | Phone |
| **MANDATORY WAIVER** | As a participant at the Fishkill Recreation Center, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that may be sustained because of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims. X  |
| Signature | Date |
| **OPTIONAL WAIVER** | I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department.**X**  |
| Signature | Date |