

ARE YOU TIRED OF THE

HOLIDAY MADNESS

THEN SEND YOUR CHILD FOR 3 DAYS TO A FUN FILLED TRAVEL CAMP!

Staying in Clarkston for Holiday Break?

Need something to do for your children?

Join us for some traveling fun right before heading back to school!



A fun
alternative
to day care and
A great Boredom
Buster idea!

Activities for Grades 1-6

Sign up for one day or all three!

REGISTRATION NOW ONGOING!
See back for registration details.

MONDAY, DECEMBER 28, 2009

Bowling at Cherry Hill and Flint Children's Museum

We will start the morning off with two games of bowling and then we'll head to Flint for an afternoon of fun at the Flint Children's Museum. Don't forget to pack your lunch!

TUESDAY, DECEMBER 29, 2009

Rainforest Café tour & movie at Great Lakes Crossing

We are heading to Great Lakes Crossing in Auburn Hills for a visit to the Rainforest Café where we will get a behind the scenes tour and lunch and we will finish up the day with a movie!

WEDNESDAY, DECEMBER 30, 2009

California Pizza Kitchen and Laser Quest

First we'll head to California Pizza Kitchen in Livonia. All campers will get a tour of the restaurant and get to make their own pizzas! Two games of laser tag come next at Laser Quest!

**PLEASE NOTE THAT THIS SCHEDULE MAY CHANGE AT
ANY TIME DUE TO UNFORESEEN CIRCUMSTANCES.**



FOR CHILDREN IN GRADES 1ST-6TH

School is out for the Holidays! What are YOU going to do?! Look no further than Independence Township Parks and Recreation for action packed, fun-filled days of activities with your friends! Each day we will be taking a different adventure. **REGISTRATION DEADLINE IS WEDNESDAY, DECEMBER 23, 2009**

To register, fill out the attached registration and medical form and return it to the Parks and Recreation Department. Please be sure to bring a birth certificate if the Parks and Recreation Department has not already verified yours.

Pre-registration is necessary by Wednesday, DECEMBER 23, 2009, or until all spots are filled. A \$10.00 LATE FEE will be added if registration is accepted after the above date, and if openings still exist. Sorry, there are NO REFUNDS after DECEMBER 23, 2009

WE DO NOT HAVE BEFORE AND AFTER CARE SERVICES FOR THIS PROGRAM!

TIMES

9:00 a.m.-4:00 p.m.

DATES

12/28/09, 12/29/09, 12/30/09

SEE FRONT FOR SPECIFIC DESTINATIONS

Drop-Off and Pick-Up is at the Clintonwood Park Carriage House
6000 Clarkston Road, Clarkston, MI 48348

COST

Residents: \$45 per day or \$120 for all three days
Non-Residents: \$55 per day or \$150 for all three days

REGISTRATION INFORMATION

For questions or to register please call
Independence Township Parks and Recreation at (248) 625-8223.

To download a registration form
or for more information visit www.itpr.org

Mail/Fax/Drop off completed registration and medical forms to:

Independence Township Parks and Recreation
6483 Waldon Center Drive, P. O. Box 69, Clarkston, MI 48347/Fax: 248-620-7454



DONT FORGET TO PACK A SACK LUNCH ON MONDAY, LUNCH IS PROVIDED THE REST OF THE DAYS. BE SURE TO INCLUDE A DRINK. IT MAY BE GOOD TO PACK AN ADDITIONAL AFTERNOON SNACK FOR YOUR CHILD!



HOLIDAY MADNESS CAMP 2009

GRADES 1ST – 6TH

REGISTRATION/MEDICAL FORM

REGISTRATION NOW ONGOING!

DEADLINE: DECEMBER 23, 2009 or until all spots are filled.

Please note there are no refunds after the Registration Deadline.

A \$10.00 late fee will be charged for registering after the above date.

Name _____ Birth date _____ Grade _____

Address _____ City _____ Zip _____

Home Phone _____ School _____ Township _____

Cost: Residents: \$45 per day or \$120 for the week
 Non-Residents: \$55 per day or \$150 for the week

Dates: Monday, December 28, 2009-Wednesday, December 30, 2009
 Drop-Off and pick up is at the Carriage House in Clintonwood Park,
 6000 Clarkston Rd., Clarkston

Times: 9:00 a.m. – 4:00 p.m.

PLEASE CHECK THE DAYS THAT YOU ARE REGISTERING FOR:

	<u>Amount Due:</u>
____ Monday- Cherry Hill Lanes and Flint Children's Museum	_____
____ Tuesday-Rainforest Café and Movie at Great Lakes Crossing	_____
____ Wednesday-Laser Tag and California Pizza Kitchen	_____
Total Amount Due:	_____



Please charge \$_____ to my (please circle one) VISA OR MASTERCARD

Card Holders Name _____

Credit Card Number _____ 3-digit code on back of card _____

Expiration Date _____

Make checks payable to: Independence Township

PLEASE COMPLETE THE MEDICAL FORM & WAIVER ON BACK!

Independence Township Parks and Recreation Department
Medical/Information/Release Form

CHILD'S NAME _____ PHONE _____
STREET ADDRESS _____ CITY _____ ZIP _____
GRADE _____ SCHOOL _____ BIRTHDATE _____ AGE _____
EMAIL _____

WHO TO CONTACT IN CASE OF AN EMERGENCY

Mother's Name _____ (work phone) _____
Father's Name _____ (work phone) _____
Other – Name _____ Relationship _____ Phone _____

NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

ANY SPECIAL CIRCUMSTANCE THAT WE SHOULD BE AWARE OF? _____

MEDICAL INFORMATION:

Known medical problems/special concerns _____

Allergies _____

Medications _____
(Representatives of department are **NOT** permitted to administer any medications)

Physicians name _____ Phone _____

Address _____ Office Hours _____

Hospital preferred for emergency treatment _____

Health Insurance Company _____

I, _____, hereby give permission to Independence Township to secure
Emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical
Facility for _____, a minor child, while under the supervision of the a
Fore mentioned Department.

(Signature of parent/guardian)

(Date)

I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Independence Township could be injurious and participant accepts his/her risk with full knowledge that some programs require the assistance of unscreened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in **any field trip and/or activity** connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents or guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself or herself, or as parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks & Recreation Department of Independence Township and with the respect to any actions taken in pursuance of such activities either before or after the activity. Moreover, it is agreed that the Township of Independence and its several departments, officers, and employees shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on his or her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks and Recreation Department of any changes in health which may affect participants participation. In the event of any injury, permission is hereby given to the Parks and Recreation Department, and to the Director of such department to see that first aid and medical attention are given to the participant, at the discretion of the Director of the Department, or his or her agent or employee in connection with the activity in question. The participant represents that he or she is in good physical condition and able to participate in the activity for which he or she is enrolling and the participant shall be responsible for his or her own health and acknowledges that the activity in which the participant is enrolling may be injurious, and participant accepts his or her risk with full knowledge that some athletic programs require the assistance of unscreened volunteer coaches. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.

Signature of parent or guardian

Date