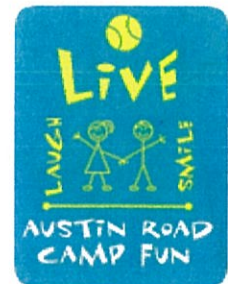


JULY 1-25 * 12:00-3:00
FOR CURRENT K-6
MAHOPAC STUDENTS
AT AUSTIN ROAD SCHOOL



Have some summer fun with your Austin Road friends! Daily sport & exercise such as: Outdoor Games including Water Fun Days, Favorite PE games, Dance, Free Play, Paint/Draw Stations, Talent Show, Interactive Games and more!!

* When: July 2019 12:00-3:00pm. Week 1: Mon, Tues. Wed, Weeks 2-4 Mon- Th
 See AM Camps available at Austin Road for a full day camp option
REGISTRATION FORMS ON WEEKLY NOTICES & AT SCHOOL

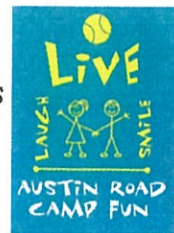
www.austin.mahopac.k12.ny.us
 PosterMyWall.com

See Registration form for more info or email:
horvathm@mahopac.org.us or zaugb@mahopac.org

CAMP FUN 2019

Sponsored by the Austin Road PTO

My child will be attending Camp Fun at Austin Road Elementary School this July on days & dates listed below from 12:00PM to 3:00PM. Items needed for camp: water bottles, hat, sunscreen (applied prior to camp), sunglasses, towel, lunch and/or snack in an insulated bag. Water & Gatorade will be available for purchase.



Child's Full Name: _____

Child's Current Grade & Teacher: _____

Shirt Size: _____

Home Address: _____

Parent's Work #: _____ Home Phone#: _____

Parent's Cell Phone #: _____

Parent's EMail Address: _____

Child's Date of Birth: _____ Age by 6/30/19 _____

Emergency Contacts (please include name and phone number):

1. _____

2. _____

Allergies or medical issues:

Check which one applies, sign below & sign waiver form on the next page:

_____ My child will be attending Camp Fun after attending the _____ Camp in the A.M.

I understand my child will need a packed lunch in an insulated bag daily. Enclosed is a check made out to the Austin Road PTO for \$275 with "Camp Fun" written in the memo section. I understand that pick up will be at the front of Austin Road School at the gate by the playground at 3:00 p.m.

_____ My child will be attending Camp Fun only. Lunch/snack is optional. Enclosed is a check made out to the Austin Road PTO for \$275 with "Camp Fun" written in the memo section. I understand that drop off is at 12:00 PM & pick up is at 3:00PM and will be at the front of Austin Road School at the gate by the playground.

_____ Online payment completed via link: <https://squareup.com/store/austin-road-pto>

Parent Signature: _____ Please turn pg to sign waiver ➡

PLEASE RETURN THIS FORM, THE COMPLETED WAIVER ON THE BACK OF THIS PAPER & PAYMENT TO YOUR CHILD'S TEACHER IN AN ENVELOPE MARKED "PTO CAMP FUN".

Any questions, please contact Marisa Horvath at horvathm@mahopac.k12.ny.us, Brian Zaug at zaugb@mahopac.k12.ny.us or call the main office to leave a message.

July 2019 Camp Dates: Week 1: Mon. July 1, Tues. July 2, Wed. July 3

Time: 12:00-3:00pm Week 2: Mon. July 8- Thurs. July 11

Week 3: Mon. July 15- Thurs. July 18

Week 4: Mon. July 22- Thurs. July 25

MORE ➡

AUSTIN ROAD ELEMENTARY SCHOOL
MAHOPAC CENTRAL SCHOOL DISTRICT

James P. Gardineer
Principal

Bryan Gilligan
Assistant Principal

June 2019

Dear Parents,

Please note that there is no medical staff employed by the Austin Road PTO during the Summer Learning Program, STEM Camp, and Camp Fun & Kindercamp sessions. The PTO and District kindly ask that you read and fill out the following in order for your child to participate in these programs.

Thank you!

Permission, Release & Waiver of Liability

I, the parent(s) or legal guardian(s) of _____, acknowledge that there is no medical personnel (nurse, EMT, etc.) in the Austin Road Elementary School building during the summer session. I realize that there is a potential for injuries, which can occur in any activity involving movement and/or exercise. I certify that my child is medically fit to participate without restriction in the summer session. I acknowledge the risk of injury involved in my child attending the summer session and hereby grant permission for my child to attend the summer session and agree to assume all risk of injury to the responsibility of such for my child. I further acknowledge that my child's participation in the summer session is voluntary and solely at my request. I hereby forever release and hold harmless the PTO, its employees, officials, volunteers, representatives and agents, as well as the District, its employees, officials, volunteers, Board of Education, representatives and agents (collectively "Releasees") from any and all actions, claims, proceedings, suits, demands, liabilities or damages, including but not limited to for injury, death or property damage, as well as any costs and expenses incident thereto (including costs of defense settlement and reasonable attorney's fees), that I and/or my child, our assignees, heirs, distributees, next of kin, spouse and legal representatives now have or may have in the future arising from my child's participation in the summer session. I also agree individually and on behalf of my child that neither I, my assignees, heirs, distributees, guardians, next of kin, spouse nor legal representatives or my child will make any claim whatsoever against, sue or attach the property of any Release in connection with any of the matters covered by the foregoing Release.

I acknowledge and agree that I have carefully read this Permission, Release and Waiver of Liability Agreement and fully understand its contents. I acknowledge and agree that I am aware that this is a Release of Liability and a contract between me and the PTO, and I have executed the same of my own free will.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Session my child is attending (please circle):

SUMMER LEARNING PROGRAM STEM CAMP CAMP FUN ART CAMP KINDERCAMP