

# Putnam Valley

## Summer Intramural Program

Program Directors: Mick Coleman, Craig Glenn and Shawn Tarkington



### Summer Intramural Program: July 17th-21st

**Program Overview:** Participants will play a variety of sports and games, with variations to keep the day enjoyable. Participation, socialization, learning, and fun are emphasized through group activities, challenges, and games. Participants will be grouped by age, ability, and physical maturity.

**Location:** Putnam Valley Middle School Gymnasium

**Time:** 9:00am-2:00pm

**Grades:** Kindergarten - 8th grade (Grade Level as of 2016-2017 school year)

**Cost:** \$150.00 per camper, \$135.00 for 2nd child in the family.

**Lunch:** 11:15-11:45am

**T-Shirt Size Information:** Please circle one t-shirt size.

YXS YS YM YL AS AM AL AXL

**Questions?** Contact Mick Coleman (email: [mcoleman@pvcasd.org](mailto:mcoleman@pvcasd.org) phone (845) 528-8171)  
Please fill out and return the attached form with check to Mick Coleman at the ES.

**Registration and money due June 16th**

# Putnam Valley Summer Intramural Program

## Informed Consent Form

I hereby give my permission for \_\_\_\_\_ to participate in 2017 Putnam Valley Summer Intramural Program and my child is in good health, and does not have any health related restraints that would not allow him/her to participate in such physical activity. It is my understanding that my child will comply with the policies of the Putnam Valley Parks and Recreations Department and the program instructors. My child and I are aware that participating in the Summer Intramural Program is a potentially hazardous activity. We assume all risks associated with participation in this sport or activity. I acknowledge that even with the best coaching, supervision, and observance of rules, injuries are still a possibility. I also understand that I have to either pick my child up or arrange to have transportation for my child at 2:00 each day. Further, I authorize the Program Director(s) to provide emergency treatment of any injury or illness my child may experience if qualified personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

### Emergency Contact Information:

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Any known Allergies (Medical, food, or other): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's grade: \_\_\_\_\_

Other Person to Contact in Case of Emergency: \_\_\_\_\_

Relationship with person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I understand this informed consent form and agree to its conditions.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make checks payable to: Putnam Valley Parks and Recreation Department**

Please write "Putnam Valley Summer Intramural Program" in the memo area of the check.

Return the registration form with payment to Mick Coleman at the PVES or mail payment to:

**Putnam Valley Elementary School (PV Summer Intramural Program)**

171 Oscawana Lake Road

Putnam Valley, NY 10579

**Attention: Mick Coleman**

***Refund Policy***  
***The Parks and Recreation refund Policy is as follows:***

A credit or refund will be given for any program cancelled by the ***Putnam Valley Parks & Recreation Department***.

Once a participant has been enrolled in a particular program, refunds may not be considered, as these programs are dependent upon structure and pre-arrangement. Therefore, anyone signing up may be paying a non-refundable fee.

Refunds would only be granted if the participant were to miss a prolonged period of time (more than half the program) due to injury/illness and is no longer able to participate for the remainder of the program. When the participant becomes ill/injured, a doctor's statement must be presented for verification. All refunds given will be prorated from the date of notification to the Recreation Department.

**Note:** All fees are 100% refundable if requested five days prior to program start dates. Requested refund checks take at least two to four weeks to process. The Town of Putnam Valley will charge a \$15 service for returned checks.

Inquiries regarding refunds should be directed to:

**Frank DiMarco, Director of Putnam Valley Parks & Recreation**  
**845-526-3292**