

Town of Windsor Youth Services Bureau

# SUMMER YOUTH IN ACTION



**Nonstop Learning, Nonstop Fun!**

Meet New People!  
For youth entering grades  
**8, 9, 10, 11**

Attend Cool Trips!  
**Fun Weekly Themes**

330 Windsor Ave  
Community Center  
**Monday – Friday**  
**8:00am – 5:30pm**

\$105 per week  
**Scholarships Available**



Space is limited. Registration forms and scholarship packets are available at the Recreation and Leisure Services Office located at the L.P. Wilson Community Center, 599 Matianuck Ave, Windsor.



Town of Windsor Youth Services Bureau

599 Matianuck Ave | Windsor, CT 06095 | 860-285-1990 | [townofwindsorct.com/recreation](http://townofwindsorct.com/recreation)

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## Town of Windsor Youth Services Bureau

# Summer Youth in Action Program

### Program Information:

This summer program provides nonstop learning and nonstop fun designed specifically for teens to help them gain a greater appreciation of themselves and the world around them.

All activities have a focus on decision making, problem solving, self-identity, and critical thinking skills to help youth on their road to the future, as well as academic skills specific to each week's theme.

Each week includes field trips to enhance learning. Enrichment and social learning activities are included on all field trips, as well as summer fun activities and swimming on some days at Goslee Pool.

This program takes place Monday through Friday, 8:00AM – 5:30PM, at 330 Windsor Avenue Community Center. The fee is \$105.00 per week. Scholarships are available.

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### Weekly Schedule - Field trips to be announced.

- **Week 1 July 3 – 7 Out & About** – Welcome to the summer of living in the now and becoming well rounded global citizens! Enjoy new experiences while exploring different historical places in CT. No program on July 4.
- **Week 2 July 10 – 14 Art City** – Enjoy the wonderful world of art! Let your creativity and imagination run wild as you experiment with a range of media.
- **Week 3 July 17 – 21 The Great Outdoors** – The Great outdoors week is all about taking a moment to appreciate the wonderful natural world we live in.
- **Week 4 July 24 – 28 Around the World in 5 Days** – Your very own passport around the world! Time to get to know about other countries, cultures, and traditions.
- **Week 5 July 31 – Aug 4 Fear Factor** – This week is full of fun and safe risks that test how far teens will go, and give them the thrill of the unknown!
- **Week 6 August 7 – 11 Finale of Fun** – You won't want to miss out on this summer finale celebrating all the fun we have had at Summer Youth In Action!



# Windsor Youth Services Bureau Program Registration 2017

Youth's Name (Last, First)	Grade in Fall 2017: _____ *Initial here if child has permission to walk home: _____
Youth's Date of Birth: _____  _____ Male      _____ Female	If foster child: Agency and Name of Case Worker:  Phone:  Email:
1. Parent/Guardian Name:	2. Parent/Guardian Name:
1. Address	2. Address
1. Parent/Guardian Contact *Please <b>circle</b> best number to reach during program hours	2. Parent/Guardian Contact *Please <b>circle</b> best number to reach during program hours
Home: _____ Work: _____ Cell: _____ E-mail: _____	Home: _____ Work: _____ Cell: _____ E-mail: _____

### Emergency Contact Person *(person other than parent/guardian)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### People Authorized to Pick Up Child from Program *(other than parent and emergency)*

1. Last Name	First Name	Relationship	Phone # ( )

### Important Medical Information—*continued to page 2*

Chronic or Serious Illness:

Allergies:

Current Medications:

Has your child ever been stung by a bee? *(if yes, please explain if they had a reaction):*

Is your child allergic to bees:    Yes    or    No

Prior Injuries:

Notes: \* anything else the YSB Coordinator needs to know about your child?

## Important Medical Information Continued

Participant's Physician Name:	Phone Number: (     )
Participant's Dentist Name:	Phone Number: (     )
Health Insurance Company & Number *or Medicaid/ Number	<input type="checkbox"/> <i>I grant permission for first aid to be administered to registered participant (above named child) and, if necessary, transport him/her to a hospital or emergency clinic for treatment.</i>

### Demographics

This information is only collected for annual State Department of Education YSB Grand Funding Information.

Race:	Ethnicity:	Family Constellation:
<input type="checkbox"/> American India/Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	<input type="checkbox"/> Two birth/adoptive parents <input type="checkbox"/> Step and birth parent <input type="checkbox"/> Single parent (female) <input type="checkbox"/> Single parent (male) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> DCF Guardianship <input type="checkbox"/> Foster Parents <input type="checkbox"/> On own

### Photography/Videotaping

- Please check here if you do **NOT** want your child's name or photo published.

### Transportation

- Please check here if you do **NOT** want your child to be transported via school bus (parents would be responsible for transportation at their own expense).

### Surveys & Evaluations

- Please check here if your child does **NOT** have permission to fill out anonymous surveys.

### Liability Release

In consideration of being allowed to participate in the Town of Windsor Recreation and Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

*Attach photo of child here:*

# Windsor Recreation & Leisure Services

Come out and Play, the Benefits Are Endless...



Recreation Division  
599 Matianuck Ave.  
Windsor, CT 06095  
Phone: 285-1990

## Windsor Challenge Course Waiver and Release of Liability

Participants Name _____		
Parents Name _____		
Address _____		
_____		
Date of Birth _____		
Age _____		
Grade _____		
Gender _____		
Email Address _____		
Name of Insurance Company _____		Policy #: _____
Emergency Contact: _____	Phone Number: _____	Relationship: _____
<p>I do _____ I do not _____ give permission for myself or my family to appear in any media coverage approved by the Windsor Recreation &amp; Leisure</p>		

The Town of Windsor's Challenge Course Programming involves a variety of activities and challenges that include but are not limited to, warm-ups, games, initiatives and use of a high and low ropes course. All activities are challenge by choice, that is, the level of participation is determined by the individual at all times. There is risk involved in all activities associated with the Windsor Challenge Course. This risk is assumed by the participant of the program. It is the policy that all participants have health insurance coverage. Information on this coverage must be made known to the instructors of the program prior to onset of the program. All information will be kept confidential.

In consideration of being allowed to participate in the Town of Windsor Recreation & Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor Recreation Department, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature: _____ Date: _____ Parent or Guardian.	<p><b>ADA</b>  <b>American Disabilities Act</b>                  Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Dept. upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.</p>
Office Hours (LP Wilson): Monday- Friday      8:00 a.m. - 5:00 p.m. Saturday              8:00 a.m. - 12:00 p.m.	