



Mayor Joseph A. Curtatone and the Somerville Public Schools Presents

SOMER START

WHAT IS YOUR
NATURE SUPER POWER?



JUNE 17-28, 2019

An exciting new Summer Program for participants from 6—12 yrs at the Winter Hill Community School. Each day has an exciting theme that will be sure to awaken your child’s sense of wonder and creativity! In addition to thematic activities, every program will include one or more opportunities to explore a new corner of Farrington’s property, whether it be a trail, the pond, the garden, or our farm animals. The program will run from Monday, June 17th through Friday, June 21st and Monday, June 24th through Friday, June 28th, 2019. Program partners include Farrington Nature Linc and Parkour Generation Boston, Parts and Crafts and Harvard Museum of Natural History. Pricing is based on a sliding scale and ranges from free to \$250/week per child. Participants will be bussed from the Winter Hill Community School to Farrington Nature Linc every day. Participants will then be transported from the property in Lincoln, MA to alternate programming locations throughout the week.

Week #1 June 17-21: 8:30am-5:00pm, Monday – Friday, 6-12 years

With Trips To:



Week #2 June 24-28: 8:30am-5:00pm, Monday – Friday, 6-12 years



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For questions please call the OST Coordinator, Jose Mendez 617-625-6600 x2343

Our Partners



Farrington Nature Linc's mission is to enhance the well-being of children from low-income communities through a connection with the natural world. Our 75 acres of woodlands, fields and ponds near Boston are dedicated to providing respite and inspiration for children who might not otherwise have this opportunity.



Parkour Generations Boston is a Somerville-based program with a mission to get kids moving in fun and dynamic ways. Sessions are designed for participants of all ability and fitness levels, and will include instruction in the basic movements and techniques of parkour, as well as exercises to improve general fitness and agility. More experienced practitioners will have an opportunity to continue building skills and technical abilities throughout the sessions. All sessions will focus on exploring and moving within one's environment and applying new skills in a variety of challenges and activities to improve balance, coordination, strength, spatial awareness, and flexibility- all while having fun. All classes are taught by ADAPT certified coaches. Learn more at www.pkgenboston.com.



We're a makerspace. We're a school, wait, no, we're a not-school. We're a community workshop. We're a tool library. We're a summer camp and a place to take classes and a board game club and a space to build stuff and find friends and projects and interesting things going on. We're not entirely simple, is the point, and, even after running these programs for 5 years, we still have trouble with the 'elevator pitch.' Just what are we up to? And how do all of these things seem to relate — what's the common thread that makes what we do "Parts and Crafts"? To be sure, the simple answer is that Parts and Crafts is whatever Parts and Crafts happens to be doing, and it's a space for a wide variety of interesting projects to come together and benefit from proximity.



The museum's mission is to enhance public understanding and appreciation of the natural world and the human place in it.

City of Somerville
Health & Human Services (HHS)
SomerPromise / Out of School Time Task Force
Somer Start Summer Program
50 Evergreen Ave Somerville MA 02145

Registration Form

Child's Name First: _____ Last: _____

Current School _____ Current Grade _____ Gender _____

Home Address _____ Zip Code _____ Date of Birth _____

Ethnicity: _____

Parent / Guardian 1 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Work Phone _____

Parent / Guardian 2 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Work Phone _____

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Tuition Form

Tuition rates are based on a sliding scale fee and are self-reported.

Gross Annual Family Income				Weekly Full Day Tuition Rate
Family of 2	Family of 3	Family of 4	Family of 5 or more	
0-\$21,648	0-\$26,772	0-\$32,160	0-\$36,996	Free
\$21,649 - \$25,284	\$26,773 - \$31,260	\$32,161 - \$37,560	\$36,997 - \$43,188	
\$25,285 - \$31,080	\$38,261 - \$38,424	\$37,561 - \$46,176	\$43,189 - \$53,088	\$100
\$31,081 - \$38,208	\$38,425 - \$47,232	\$46,177 - \$56,748	\$53,089 - \$65,232	
\$38,209 - \$46,968	\$47,233 - \$58,044	\$56,749 - \$69,720	\$65,233 - \$80,136	\$175
\$46,969 - \$52,068	\$58,045 - \$64,344	\$69,721 - \$77,280	\$80,137 - \$88,812	
\$52,069 - \$64,164	\$64,345 - \$80,220	\$77,281 - \$100,272	\$88,813 - \$112,296	\$250
\$64,165 - Above	\$80,221 - Above	\$100,273 - Above	\$112,297 - Above	

Please enter the Weekly Full Day tuition rate based on the chart above in the desired options below.

Week 1: June 17th – 21st Farrington Nature Linc	8:30am – 5:00pm	_____
Pickup & drop-off at The Winter Hill Community School located at 115 Sycamore St., Somerville, MA 02145		

Week 2: June 24th – 28th, Farrington Nature Linc & Parkour	8:30am – 5:00pm	_____
Pickup & drop-off at The Winter Hill Community School located at 115 Sycamore St., Somerville, MA 02145		

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City of Somerville
Health & Human Services (HHS)
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Health Form

Name of child: _____ Date of Birth: _____

Parent/Guardian 1: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Parent/Guardian 2: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Health care coverage:

Plan Name _____ ID number: _____

Does your child have any allergies, i.e. hay fever, insect bites, food reactions? Yes ___ No ___
If yes, please describe _____

Does your child have an Epi-Pen for anaphylactic shock? Yes ___ No ___

Does your child have any special dietary restrictions? If yes, please describe

Is your child presently being seen by a physician, staff at a guidance facility or any other health care professional? If yes, by whom and for what reason?

Is there anything we should know about how your child learns or behaves?

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Medication Consent Form

Name of child: _____

Name of medication: _____

Please  one of the following: Prescription: _____ Oral/Non-Prescription: _____

Topical Non-Prescription (**applied to open wound/ broken skin**): _____

My child has previously taken this medication: _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan: _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize staff to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____
For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

**City of Somerville
Health & Human Services (HHS)
SomerPromise / Out of School Time Task Force
Somer Start Summer Program
50 Evergreen Ave Somerville MA 02145**

Participant Release Form

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

1. I hereby give my child permission to participate in all activities & trips, which may include by school bus, walking, or public transportation.

(Parent / Guardian Initial)

2. I give permission to the City of Somerville / Department of Health and Human Services and its partners to use photographic and video images of my child and family for publicity purposes. I acknowledge that publicity could include the use of images in any slide show, website, social media or articles submitted for publication or distribution.

(Parent / Guardian Initial)

3. If someone other than myself or these individuals is to pick up my child, I will inform the Out of School Time Coordinator in writing in advance. I understand that staff will ask anyone not on this list to show proper identification before child is released.

NAME _____ RELATION TO CHILD _____ PHONE _____

NAME _____ RELATION TO CHILD _____ PHONE _____

Authorization to participate in The City of Somerville Health and Human Service programs, Medical Consent.

As a parent/guardian, I authorize _____ (Name of Child) to participate in the City of Somerville Health and Human Service (HHS) programs and sponsored events. I understand this event is non-essential, voluntary and not mandatory.

By signing in the space provided below, I understand that there are inherent risks in the activities of HHS and I agree to release and hold harmless the City of Somerville from liability and loss occurring in connection with your child's participation in HHS and HHS Sponsored events. I hereby agree to waive future claims against the City of Somerville, HHS and its employees, agents and assigns.

In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/ treatment upon advice and general or specific supervision of an attending hospital/physician. The emergency procedures/ treatments may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However, I understand that the staff of HHS will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs. I understand I am obligated to update the information described in the Medical Consent Form.

I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alterations to the Medical Consent Form, it shall be rendered void and incomplete and my child/ward shall not be allowed to participate this program.

(PARENT/GUARDIAN SIGNATURE) (DATE)

PARKOUR GENERATIONS BOSTON

PARTICIPANT INFORMATION:

(PLEASE PRINT CLEARLY)

* = *Required*

*First Name: _____ *Last Name: _____

Address: _____

*City: _____ *State: _____ *Zip: _____

*Date of Birth: _____ *Parent/Guardian info required below if under 18

*Email: _____ *Gender: _____

Phone: _____ Home [] Cell [] Work [] Other []

School: _____ Grade/Year: _____ Military / Police / Fire / EMS ? _____

*Does the Participant have ANY HEALTH CONCERNS of which we should be aware (*allergies, medications, injuries, etc*)? If YES, please explain:

How did you learn about us? _____

SUBSCRIBE TO THE PKGEN BOSTON EMAIL NEWSLETTER? YES [] NO []

PARENT(S) / GUARDIAN(S) INFO (Required if participant is younger than 18):

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Phone: _____ Home [] Cell [] Work [] Other []

Additional Parent / Guardian Info (Optional)

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Phone: _____ Home [] Cell [] Work [] Other []

***IN CASE OF EMERGENCY Same as Parent / Guardian? [] (If checked, leave below blank)**

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Phone: _____ Home [] Cell [] Work [] Other []

>>>> >>>> **SIGNATURE REQUIRED ON OPPOSITE SIDE** >>>> >>>>

PARKOUR GENERATIONS BOSTON

LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the instructors of Parkour Generations Americas (PKGA), Parkour Generations Boston (PKGB), Parkour Generations Ltd. (PKG), Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having instruction held on their property.

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the parkour instruction at ANY location utilized by Parkour Generations Boston and/or Parkour Generations Americas for the "Activity". As the undersigned Releasor, I acknowledge that I am participating in this Activity voluntarily, and I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by Parkour Generations Boston or Parkour Generations Americas, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and I release the instructors of PKGA, PKGB, PKG, Making the Jump LLC, Parkour Coaching LLC, ANY PKGA affiliate or licensed organization; ANY municipality including its departments and representatives; and ANY public or private property owners or representatives who consent, directly or indirectly, to having classes held on their property; INCLUDING their respective affiliates, divisions, departments and other units, committees and groups, and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, volunteers, coaches, contractors, agents, administrators, and assigns (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree to strictly obey instructors and observe safety rules.

By signing below, I permit Parkour Generations Americas, Parkour Generations Boston, and affiliated branches, to use any pictures, audio, or video recordings of the Releasor engaged in the Activity for promotional use, publication, articles, and advertisement without additional consent and without compensation at this time or any other time.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

Releasor Signature (Participant or Parent/Guardian Signature for those under 18):

_____ Date: _____

Releasor Name (PRINT): _____