

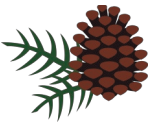
THERAPEUTIC RECREATION PROGRAMS ~REGISTER NOW~

Please keep in mind that participants must be able to communicate and handle all toileting needs independently. If your child requires 1:1 supervision at school, help toileting or is a "runner" please provide your own assistant to attend the program with your child. If you have any questions about the TR Programs or would like to become involved as a volunteer with the program, then contact Barbara Costello, TRS at bcostello@cheshirect.org or 203-887-0534. More programs may be added and will be announced via email, Facebook and on the Parks & Rec website (www.cheshirect.org/parkrec). Send Barbara an email to be sure you are on the list to receive updates regarding Therapeutic Recreation Programs. Like us on Facebook for another way to stay in touch (www.facebook.com/TherapeuticRec.Cheshire)!

TR YOUTH SUMMER CAMPS

Specializing in helping children develop social skills, participate in a variety of fun leisure skills, and enjoy a great camp life. Staff will provide physical, behavioral, and social support during activities as needed. Campers will be encouraged to be as independent as possible. The camp will be a safe environment for children to enjoy a summer camp experience. Campers will be bused from Highland School and Dodd to Mixville if they are participating in Cheshire Summer School; other campers must provide their own transportation. Activities will include: daily swimming and water activities, simple crafts, board games, sports, canoeing, games, flat hikes and integration with traditional camp whenever possible. Campers will need to bring bathing suit, towel, water shoes, sunscreen and a lunch every day. Nonresidents are welcome.

TR Camp Pine Cone Fee: \$155/week Maximum of 8 campers per week; early registration is encouraged!
This camp is designed for children with any special need. Campers will be given support and adaptations to enable their participation in camp.



Code: 45672 A M-F, 6/19-6/23 9:00a-12:30p
Code: 45672 B M-F, 6/26-6/30 12:00-3:30p
Code: 45672 C M-F, 7/10-7/14 12:00-3:30p

Code: 45672 D M-F, 7/17-7/21 12:00-3:30p
Code: 45672 E M-F, 7/24-7/28 12:00-3:30p
Code: 45672 F M-F, 7/31-8/4 12:00-3:30p

TR Camp Acorn Fee: \$155/week Maximum of 4 campers per week; early registration is encouraged!
This camp is designed for the children in the Intensive Ed Program at Highland School. The campers will be integrated into Camp Pine Cone but with a higher staff/camper ratio of 2:1 and personalized accommodations made as needed.



Code: 45671 A M-F, 6/19-6/23 9:00a-12:30p
Code: 45671 B M-F, 6/26-6/30 1:00-3:30p
Code: 45671 C M-F, 7/10-7/14 1:00-3:30p

Code: 45671 D M-F, 7/17-7/21 1:00-3:30p
Code: 45671 E M-F, 7/24-7/28 1:00-3:30p
Code: 45671 F M-F, 7/31-8/4 1:00-3:30p

TR TEEN SUMMER CAMP

TR Teen Camp-Can't Let Summer End Mon.-Fri., Aug 21-25 9:00am-1:00pm Code:45673A Fee: \$50 (paid by BOE)
In coordination with Cheshire Board of Education, Parks & Rec is offering a fun-filled week of camp at the Youth Center. Campers will participate in cooking, community outings, exercise, board games, and recreation activities in addition to swimming twice during the week. Parents are responsible for transportation. Registration through Parks and Rec a MUST! Any question please contact bcostello@cheshirect.org.

SPECIAL OLYMPICS

Participants must register through Parks and Rec and have completed, updated Special Olympic forms on file with Special Olympics.

Unified Fitness Club 8 & up Thu 6:30-7:30p Ongoing throughout 2017 Fee: \$30 Code: 5600A
Registration for Special Olympics Unified Fitness Club MUST be done through Cheshire Parks & Rec! You can register online, by mail or in person at the office. The Club's goal is to bring together people with and without intellectual disabilities and provide opportunities for regular fitness activity to enhance fitness and inspire friendships among participants. The Club follows the Unified Sports® Recreational Model focusing on participation rather than competition. Each Club participant receives an individual tracking device which is used to monitor individual and Club progress. The Club incorporates a wide variety of other physical activities into weekly sessions with the main activity being walking.

Unified Golf 8 & up Mon. (Time TBA) 7/10-9/10 Fee: \$40 Code: 17414A
There a golf experience for everyone!! Athletes can participate in a Skills division or play alternate stroke with a partner. Practices and the Fall Festival are held at Sleeping Giant Golf Course in Hamden. Unified Fall Festival is Sept 10.

Unified Volleyball 18 & up Wed. 7:00-8:30p Early Sept. - Mid Nov. Fee: \$40 Code: 17411A
The volleyball program typically meets at Cheshire Academy once per week during the season. Participants are instructed on skill development, rules, game play, and sportsmanship. Holiday Classic Games are Nov. 18/19. Coach Paul Uguccioni

Unified Basketball 18 & up Wed 7:00-8:30p Early Sept. - Mid Nov. Fee: \$40 Code: 17412A
Tentatively basketball practices will be held at Cheshire Academy. We offer 3 levels of playing, so there is something for every level of play. Unified partners will support players. Holiday Classic Games are Nov. 18/19. Coach Paul D'Amico

Unified Running 8 & up Tue 5:30-7:30p Early Aug. - Late Oct. No Fee Code: 17413A
Unified running is made up of athletes and partners with a wide range of abilities and experiences. But we all work together to improve. We work hard but we also have a lot of fun! Our weekly practices focus on the "speed" part of our training so they are shorter distances with more repeats. During the week athletes work on building their endurance and how far they can run. Held at Cheshire Park Coach Barbara Hedden

IMPORTANT INFORMATION

Parks & Recreation Department

559 South Main Street
Cheshire, CT 06410
Phone 203.272.2743 Fax 203.272.5858
Hotline 203.250.2470 www.cheshirect.org/parkrec

Community Pool

520 South Main Street
Cheshire, CT 06410
Phone 203.271.3208
Fax 203.271.3481

REGISTRATION PROCESS

- Don't wait until the last minute to register! If there are not enough registrations by one week prior to start date the program may be cancelled. If a program must be cancelled, registrants will be notified by email or telephone approximately 2 days before a program start date. Participants will receive a full refund for classes we cancel.
- Complete appropriate registration form(s) or register online. **Separate registration forms and payments are required for: Parks & Rec., Community Pool, and Sport Camps. Online registration is not yet available for Sport Camps.**
- Registration is now open for everything except Pool Programs. Summer Pool Registration for residents begins May 30.
- **MAIL-IN:** Parks & Rec, Therapeutic, and Sport Camp registrations: 559 S. Main St., Cheshire, CT 06410
Community Pool registrations: 520 S. Main St., Cheshire, CT 06410
- **IN-PERSON:** Hours vary by location. Please check online or call for office hours.
- **ONLINE:** Please visit <https://register1.vermontsystems.com/wbwc/ctcheshire.wsc/> for online registration.
- You will be emailed a receipt upon registration. Be sure your current email address is printed clearly on your registration.

PAYMENT POLICY

- Registration forms must be accompanied with full payment in order to be processed.
- The Parks and Rec. Dept. and Community Pool accept cash, checks, Master Card, Visa, Discover Card and American Express.
- Sport Camps accept cash and checks only and do not have online registration.
- See individual registration forms for details on whom to make your checks payable.

NON-RESIDENT POLICY

Registration for nonresidents will be accepted for most programs beginning Monday, June 5th with an additional \$10 fee. Residents are defined as those persons domiciled on a permanent basis in the Town of Cheshire and individual property owners of real property (non-motor vehicle). Some programs are subject to additional restrictions. Camp Registrations are being accepted now for nonresidents.

REFUND POLICY

- Full refunds will be given only if a recreation program is cancelled due to lack of registration.
- If a written cancellation is received at least one week before a program begins, then a refund minus a \$15 admin fee will be issued.
- No refunds will be given once a program begins.
- Children removed from a program or camp for discipline problems will not receive a refund.
- Any exceptions from the above policy will only be considered after the Director reviews your written request.

TRANSFER POLICY

Transfers must be in writing with a transfer form two weeks in advance. The transfer fee is \$15 for one person and \$5 for each additional family member. A transfer form may be obtained from the Parks and Recreation office or website.

CANCELLATION POLICY

PARKS & REC.: For information please check www.cheshirect.org/parkrec or call the Info Hotline at 203-250-2470 one hour before your program is scheduled to begin. We also make announcements on our facebook and twitter pages.

POOL.: For information please check www.cheshirect.org/pool or call the pool at 203-271-3208.

PARKS & REC. CAMP POLICIES

- Parents must read the camp policies online or in the Parks & Rec. office before signing a child up for a Summer Camp.
- Programs are exempt from licensing by the Office of Early Childhood because they are administered by a municipal department.
- Campers must be registered and have a Health Questionnaire on file by the Thursday before their camp session begins. Space permitting, late registrations will be accepted until noon on the Friday before the session starts with a \$15 late fee charged for each child.

POOL POLICIES

- Program fees are based on residency. Prices in the brochure are in the following order:
Resident with a Pool Pass/ Resident without a Pool Pass / Nonresident with a Pool Pass /Nonresident without a Pool Pass
- Any person signing up for a swim lesson for the first time MUST have a screening so they may be placed in the appropriate level. Call the pool to schedule a screening. You cannot register without a screening.

Every effort has been made to prepare this brochure as accurately as possible. Nonetheless, errors may make it to print. Circumstances may require that adjustments be made to program fees, schedules, etc. We reserve the right to make such changes. Cheshire Parks & Recreation apologizes for any inconveniences these errors or adjustments may cause.

The Parks and Recreation Department's programs/services are provided equally to all residents-male-female-disabled

RECREATION PROGRAM REGISTRATION FORM

Please print clearly and mail completed form to: **559 South Main Street, Cheshire, CT 06410**

Participant Info: First Name: _____ Last Name: _____

Gender: _____ Birth date: _____ Grade-*Fall 2017*: _____ School-*Fall 2017*: _____

P-Rex/Campers Only: Authorized pick-up person(s) other than parent/guardian _____

PARTICIPANT HEALTH INFORMATION: *All information will be kept confidential. Check all that apply and elaborate below.*

- | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Allergy/Anaphylaxis | <input type="checkbox"/> Has Epi-Pen | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Receives Special Education Services |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Uses Inhaler | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision, Hearing or Speech Problem |
| <input type="checkbox"/> Auditory or Visual Processing Difficulty | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Will/May need Medication (prescription or over the counter) during the program |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Physical Dysfunction/Mobility Difficulty | | |
| <input type="checkbox"/> Behavioral Issues | | | |

If any item was checked please elaborate: _____

For us to better accommodate participant's needs, please list any medical, physical, psychological or emotional issues not mentioned above: _____

ADULT PARTICIPANT OR Mother/Guardian 1

Father/Guardian 2 Info

Name: _____	Name: _____
Address: _____	Address: _____
Town & Zip: _____	Town & Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Family E-mail: _____

Emergency Contact (Other than Parent/Guardian): _____ Phone: _____

Activity Code

Name of Program

Fee (Non-Residents add \$10)

Complete section below for all applicable programs:

Dog Obedience: Dog's Name _____ Dog's Age _____ Dog's Breed _____

Basketball (Gr. K-4 only): Please place on team with _____

Basketball: Volunteer Coach's Name: _____ Volunteer Activity Code: _____

T-Shirt Size: Yth. Small Yth. Medium Yth. Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

WAIVER: Participant acknowledges that he/she or the parent or guardian 1) has read and understands the information given, 2) certifies that he/she is in good physical condition and is fit to participate in this activity 3) understands that the Aquatic/Recreational Activities have categories of inherent risk and that accidents can occur, and 4) that he/she must always be alert for dangers to themselves and to other participants. Participants may be photographed or videotaped by Parks and Rec. staff for future promotional use. For Camp & P-Rex Days, my child has permission to ride the bus to attend offsite trips and be transported to an indoors in case of inclement weather. My child may receive first and/or be treated by the Camp Nurse when necessary. Participant must sign below. If participant is under 18 years of age, a parent/guardian signature is required.

Signature

Date

PAYMENT

Master Card Visa Discover Cash Check payable to: Cheshire Parks & Rec. Dept.

Card Number: _____ Exp. Date _____ Amt. Paid: _____

Signature

Date

We also offer online registration!

Access the online system by visiting www.cheshirect.org/parkrec