

Lynn Parks & Recreation

250 Commercial Street Lynn, MA 01905

Office

Park Ranger's Office 106 Pennybrook Rd Lynn, MA

Summer Office Hours

Monday through Friday 8:00 AM to 4:00 PM

You can reach us by:

Phone: (781) 477-7123 Email: lynnparksandrecreation@gmail.com

2024 Lynn Parks & Recreation

Parks open Monday, July 8, 2024

<u>The following parks will be supervised:</u> Monday through Thursday 9:00 AM -3:00 PM Fridays 9:00 AM – 2:00 PM From July 8th through August 9th

The City of Lynn will provide Park Instructors to the parks listed below. The Park Program is available for children <u>6 years or older</u>. No child is required to remain at the park. We **DO NOT** provide **INDIVIDUAL SUPERVISION** or **DAYCARE**. On rainy days the Parks will be closed!

Ames Playground (On Boston St. between Congress and Franklin St.)

Barry Park (On Boston St. between Laurel and Cottage St.)

Clark Street Playground (Off Eastern Ave.)

Cook Street Playground (Between Allen and Rockway St.)

Flax Pond Playground (On Chestnut St. between Pond and Carter Rd.)

Gowdy Park (On Cedarbrook Rd. Between Tuscan Rd. And Maple Valley Rd.)

High Rock Park (On High Rock St. off of Lynnway)

Sagamore Street Playground (Off Lynnway between Washington St.- Newhall St)

Warren Street Playground (Between Commercial St. and Huss Ct.)

LYNN PARKS & RECREATION 250 COMMERCIAL STREET LYNN, MA 01905 781-477-7123

Please Print Clearly: Name of Playground_____ Name of Child______ Sex_____ Age_____ Date of Birth_____ Telephone #_____ Zip Code_____ Address_____ Grade School In Case of Emergency, Please List Two People Who We Should Contact: 1. Name_____ 2. Name_____ Relationship _____ Relationship_____ Address _____ Address _____ Phone 1 _____ Phone 1_____ Phone 2_____ Phone 2_____ E-mail Address_____ E-mail Address_____ DOES YOUR CHILD HAVE ANY: Limitations Illnesses Allergies If YES, please list & explain:_____

WE, OF THE LYNN PARKS & RECREATION PROGRAM, WILL TAKE ALL PRECAUTIONS AGAINST ANY CASUALTIES OCCURING WHILE THE CHILDREN ARE INVOLVED IN OUR ACTIVITIES. HOWEVER, WE ARE NOT FINANCIALLY OR LEGALLY RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN WHILE THE CHILDREN ARE IN OUR PRESENCE. BEFORE YOUR CHILD MAY BE ENROLLED IN OUR SUMMER PROGRAM, YOU MUST UNDERSTAND OUR POSITION AND ACCEPT IT BY SIGNING BELOW.

Parent's Signature:	Date:
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LYNN PARKS AND RECREATION EMERGENCY CARD INFORMATION

Childs Name:	D	pate of Birth:///////	
Child's Home Address:			_
Guardian's Email:			
INSTRUCTIONS TO REACH PA	-		
1 Name	Address	Phone #	-
2 Name	Address	Phone #	-
PEDIATRICIAN OR SOURCE (OF HEALTH CARE		
Doctor's name	Address	Phone #	
EMERGENCY CONTACT PERS	SON(S)		
1			-
Name 2	Address	Phone #	
Name	Address	Phone #	-
MEDICAL EMERGENCY TREA I hereby give the Lynn Parks to my child and to secure medical treatm to my child's health.	and Recreation pern	And/or take m	ny child, to a hospital
Parent signature:		Date:///	
Allergies, chronic health con	ditions:		
INSURANCE INFORMATION (Company Name: Participating Hospital: Special Instruction:	· · · · · · · · · · · · · · · · · · ·		

PARENTAL CONSENT and RELEASE FORM LIABILITY City of Lynn Parks and Recreation 2024 Summer Program July 8th – August 9th

I/We, the undersigned parent(s) or guardian(s) of ______, a minor, do hereby consent to his/her participation in the City of Lynn Parks and recreation 2024 and Lynn Parks and Recreation Summer Field Trips.

I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Lynn, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, servants, and agents from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation on account of, or arising out of, directly or indirectly, any personal injuries or property damage which I/We may hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions for damages which said minor may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in the field trip herein described.

Signature of Parent(s) or Guardian(s)	Date	Relationship
Signature of Parent(S	j or Guarulan(s)	Date	Relationship

PARENT/GUARDIAN Child Photo Release Form

Campers Name: Grade:

 I hereby grant permission for films, video and/or audio tape recordings, slides and photographs to be taken during the Lynn Parks Program, including field trips and other parks-related activities. I understand that this media will be produced and used for promotional purposes. I authorize the Lynn Parks and Recreation to use my photograph on its World Wide Web site, the parks' social media sites, or in other official parks programs printed publications without further consideration, and I acknowledge the Lynn Parks and Recreation may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the Lynn Parks and Recreation website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following:

All employees of the Lynn Parks and Recreation Program The Lynn Parks and Recreation reserves the right to discontinue use of photos without notice.

• You do not have my permission for films, video and/or audio tape recordings, slide and photographs to be taken for any reason.

This release will supersede any previous releases on file.

Parent/Guardian Name: (Please Print)	
Signature	
Address:	
Phone:	
Date:	

LYNN PARKS AND RECREATION TRANSPORTATION PLAN AND AUTHORIZATION 7.90(3) AND 7.12(1)

CHILD'S NAME:	 	 	
PARK	 		

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ PARENT DROP OFF

_____ OTHER (DESCRIBE ______)

)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ PARENT PICK-UP

_____ OTHER (DESCRIBE ______

I give my child permission to be release from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

Name	Relationship
Address	Phone ()
Name	Relationship
Address	Phone ()
Name	Relationship
Address	Phone ()

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED.

THE PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE:	
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DATE: ____/___/____

LYNN PARKS & RECREATION 250 COMMERCIAL ST. LYNN, MA 01905 781-477-7123

FIELD TRIP PERMISSION SLIP

Child's Name:
Playground:
Parent/Guardian's Name:
Parent/Guardian's Phone Number:
Emergency Contact Name: Number:

Please check either "YES" or "NO" for each of the following field trips. Your child will only be able to attend the field trips next to which "YES" is checked off.

FIELD TRIP	DATE	YES	NO	Cost
North Shore Navigators (Children will attend a baseball game with lunch provided)	July 9			\$20
Sky Zone (Children will go to Sky Zone, with lunch included)	July 18			\$30
LPD Physical Fitness Day (Children will be transported to Manning Field for a fitness day hosted by the local police)	July 19			\$5
Fire Safety Day (Children will be transported to Manning Field for a fire safety presentation by local firefighters)	July 23			\$5
Stone Zoo (Children will transported to Stone Zoo, where lunch will be provided)	July 25			\$10
Bike Safety Day (Children can bring their bikes to their parks, where they will be transported to Manning field, where local police will be hosting games and checking bikes)	July 26			\$5
Dungeon Rock (Children will be transported to Lynnwoods for a guided nature walk)	July 30			\$5
Metro Bowl (Children will be able to bowl and will be provided with lunch)	August 1			\$20
Foam Bubbles (Children will visit the 3 Hills in Lynnwoods to play with washable, child friendly colored foam bubbles)	August 5			\$10
Salem Willows (Children will be transported to Salem Willows, where they will receive an arcade card and provided with lunch)	August 8			\$30

I give my child, _____, permission to attend the field trips to which I have indicated "YES."

Parent/Guardian Signature: _____

Date: ____ / ____ /____