**City of Sherrill Summer Playground Program 2017**

**Wednesday July 5 - Friday July 28, 9am-12pm**

**Sherrill Community Activity Center, 139 East Hamilton Ave**

The Sherrill Summer Playground Program for kids entering kindergarten - entering sixth grade who live in Sherrill or attend E.A. McAllister School. Parents must fill out registration forms and kids must bring them to the program the first day they attend or they may be dropped off at the CAC or City Hall before the program starts. During playground kids play sports and games, create art projects, bowl, swim, participate in Summer Reading Program activities with the Sherrill Library and more!

Kids can choose to go to the Sherrill pool for lessons on Tuesdays, Thursdays and Fridays. These kids leave the CAC at 9:15, walk to the pool with playground staff and return to the CAC by 11:45. If they have extra time they play at Robertson Park before or after the pool. Kids need to wear swimsuits under their clothes so they are ready for swimming and bring a towel and clothes to change into afterwards if desired. They need to be able to carry a bag with the items they need to bring and wear shoes they can walk in. Kids who don’t want to go to the pool stay at the CAC for other activities.



Come learn about Futsal, a fast paced variation of soccer from South America.  Played indoors on a basketball court with a special ball, Futsal focuses on creativity, technique, improvisation, and ball control.  Jake Pawlika will be leading activities to introduce kids to the sport. Kids- please bring shin guards!



Kids will be able to bowl at the CAC on days noted on the calendar and on some additional days which will be announced at playground the day of.

****All children who attend Playground will participate in Sherrill-Kenwood Library Summer Reading Program activities each Wednesday at the CAC. Kids listen to stories, read and do activities with playground and library staff.

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*Bullying Presentation*- Wednesday, July 12 at 9:30am- Tim Collins, a former resident, will share a one-man show about bullying. -Sponsored by the Friends of the Library



The *Super Silly Circus* will perform on Tuesday July 18 at 10am. Younger and older siblings, family members and friends are invited to attend too! Enjoy an interactive show featuring juggling, bubbles, music, mime, magic and more!



On July 19 learn about the upcoming *August 21 solar eclipse* and make a special viewer so you can watch it!

**Clothes, Shoes, Snacks, Toys:** Kids play outside and in the gym, bowl, walk to the pool, and use arts and crafts materials. Please make sure your child is wearing sneakers, socks and appropriate clothes for these activities. If your child has shin guards please send them on Futsal days. Kids can bring snacks and drinks for themselves- please make sure snacks and drinks are in containers that can be resealed if needed and are labeled with their names. Please do not send snacks with peanuts. Kids may not bring or use toys, money, games or phones.

**Questions and More Information:** Please contact Sara Getman, [sgetman@sherrillny.org](mailto:sgetman@sherrillny.org) or (315) 363-6525.

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**Activity Calendar**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 3 | 4  Happy Fourth of July! | 5  **Playground Starts!** | 6 | 7 |
| 10 | 11 | *C:\Users\admin\Pictures\Clip Art\bullying.jpg*12  *Bullying Presentation* at 9:30am- Tim Collins will share a one-man show about bullying*.*  *-Sponsored by the Friends of the Library* | 13 | 14 |
| 17 | 18  **Super Silly Circus Performance**  **at 10am** | 19  Learn about the upcoming Solar Eclipse at 9:15am! | 20 | 21 |
| 24 | 25 | 26 | 27 | 28  **Last Day of Playground!**    Katie Quick  at 10am  *sponsored by KEYS* |



Please note- this schedule is subject to change.

Updates will be available each day at the CAC.

Kids who don’t go to the pool for swimming lessons can stay at the CAC. Each day kids can also choose to play other sports and games, work on art projects, and participate in many other activities!

2017 City of Sherrill Playground Program Registration and Medical Authorization Form

This form must be turned in on the first day of attendance. Space is limited. Preference will be given to Sherrill residents.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade 2017-2018: \_\_\_\_\_\_\_\_

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

Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

\_\_\_Walk or Bike Home Alone and/or \_\_\_ Will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Individual(s) Picking Child Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name) has my permission to attend the City of Sherrill Playground Program located at the CAC 139 East Hamilton Ave. Sherrill, NY. I give the City of Sherrill and its duly authorized representatives the authority to seek any medical attention my child may need in the event he/she is injured in my absence. This includes ambulance transportation to any medical facility and any medical treatment. I understand that all attempts will be made to contact me at the listed telephone numbers, but treatment will not be delayed because I cannot be contacted. I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information that they require.

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

**Persons to contact in case of an emergency if parent/guardian cannot be reached first**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of last Tetanus Toxoid Booster: \_\_\_\_\_\_\_

Does your child have disabilities that we should be aware of? Yes\_\_\_ No\_\_\_

If Yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child currently taking any medications? Yes\_\_\_ No\_\_\_ If yes, please explain and include names of medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_