**December Break Activities at the Sherrill Community Activity Center**

139 East Hamilton Ave, (315) 363-6525

**Daily Activities Wednesday December 26-Friday December 28**

*Kids Time, CAC Gym, 10am-12pm-* Children ages 5 and younger who are supervised by an adult are invited to enjoy indoor play in the gym!

* Sports, Games & Crafts CAC Gym, 12-2pm*- Kids in kindergarten-sixth grade who live in Sherrill or attend McAllister school are invited to enjoy supervised time in the gym- parents may drop off kids at 12pm and pick them up at 2pm, \*registration required.

*Free Family Open Gym Time, CAC Gym, 2-4pm-* Space will available on a first come/first served basis. Kids 14 & under must be supervised by a parent/guardian.

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**Waterman's Martial Arts Free Beginner Lessons Friday December 28**

*Intro to Karate- CAC Upstairs*- Children 5 and under, 10:30-11am, K-2nd grade kids, 11-11:30am, 3rd-6th grade kids, 11:30am-12pm, 7th-8th grade kids, 12-12:30pm

\*registration form required

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**Youth Center**

Wednesday December 26, 6-9pm-Special Youth Center Night for VVS students in grades 4-6, Friday December 28 & Saturday December 29, 6:30-10pm- Youth Center for VVS Students in grades 7-12 \*normal youth center rules and registration requirements apply, visit [www.sherrillny.org](http://www.sherrillny.org) for details

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**Open Bowling Hours & Specials**

Wednesday December 26, 10am-9pm Saturday December 29, 1-10pm

 Thursday December 27, 12-4pm Sunday December 30, 12-5pm

 Friday December 28, 1-10pm Monday December 31, 3-9pm

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*Bowling Specials- From 12-2pm 12/26, 12/27 & 12/30, 1-3pm 12/28 & 12/29, and 3-5pm 12/31 kids 14 & younger bowl free. Everyone else pays $5 for 2 games & shoes. Limit 2 games.*

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**New Year’s Eve, December 31, CAC Hours 3-9pm**

The CAC will be open from 3-9pm for open bowling and free family open gym time.

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*Please note- the CAC will be closed December 24 & 25 and January 1.*

*Please see other side for registration information.*

**Sherrill CAC December Break Activities Program Registration Form**

Please fill out the form below for the activities at the CAC. This form can also be found at [www.sherrillny.org](http://www.sherrillny.org) and is available at the CAC or City Hall. This form can be dropped off at the CAC before the activities or brought on the first day of attendance.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Please check the activities the child will attend.

Additional registration is not required for youth center if students have already registered. If they haven’t, parents can fill out the youth center form on the day of attendance.

\_\_\_\_Wednesday 12/26 Sports, Games & Crafts \_\_\_\_Friday 12/28 Sports, Games & Crafts

\_\_\_\_Thursday 12/27 Sports, Games & Crafts \_\_\_\_Friday 12/28 Martial Arts Beginner Lessons

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does the child have any allergies or health issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name) has my permission to attend the December Break activities at the City of Sherrill Community Activity Center, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_