

# Hudson Rec Summer



## Newsletter



Week 7 August 5<sup>th</sup> –August 9<sup>th</sup>

**SUMMER HOURS: 9:00 AM TO 4:00 PM**

BEFORE CARE & AFTER CARE: 8-9 AM & 4-5 PM

IN ORDER FOR YOUR CHILD TO ATTEND EITHER THE MORNING OR AFTERNOON PROGRAM,  
THEY MUST BE SIGNED UP THE SESSION **PRIOR** TO WHAT IS NEEDED.

(NO MORNING SIGN-UPS ARE ALLOWED FOR THAT MORNINGS SESSION)

ANY CHILD NOT PICKED UP BY 4:10 PM WILL BE AUTOMATICALLY ENROLLED INTO THE AFTERCARE PROGRAM WHERE A FEE OF \$10 WILL BE CHARGED. UNTIL THE LATE FEE IS PAID, THE CHILD WILL NOT BE ALLOWED TO ATTEND ANY PROGRAM - ACTIVITIES INCLUDING FIELDTRIPS.

**ALL SIGNUPS MUST BE DONE TWO DAYS PRIOR TO FIELD TRIPS AND ONE DAY PRIOR TO LUNCHES. EVENTS TEND TO FILL UP QUICKLY AND AVAILABILITY IS LIMITED SO PLEASE PLAN ACCORDINGLY.**

**NO EXCEPTIONS CAN BE MADE.**

IF YOU HAVE ANY QUESTIONS, COMMENTS OR CONCERNS, FEEL FREE TO CALL

**603-594-1155** OR STOP IN 😊

**PLEASE REMEMBER THAT WE HAVE PLENTY OF PARKING ON THE SIDE OF THE BUILDING AND ACROSS THE STREET. PLEASE RESERVE THE HANDICAPPED SPOTS FOR THOSE WHO NEED THEM.  
THANK YOU!**



# Important information to remember:

- ❖ Our program is open from 9 am – 4 pm daily. Fridays we will host the program at Robinson Pond. Drop off and pick up is at the pond on Fridays unless Mother Nature has other plans – If that happens we will hold the program at the Community Center.
- ❖ Before care and after care are available Monday – Thursday for a fee of \$5 per session. If you plan on using this service, please make sure to register your child up at least the day before. Otherwise we will not be able to accommodate you.
- ❖ Weekly news letters will be available **after 3pm on Thursdays** for the following week. They will also be available on the Hudson Recreation Web page. They will include information on the coming week's activities as well as permission slips for all field trips.
- ❖ Please remember that any field trips and lunches that we have planned must be signed up for **TWO DAYS** before the event. We are sorry, but there is no exception to this rule.
- ❖ **Field trips are based on availability and fill up quickly.** Children do not need to wear their yellow recreation shirt on Tuesdays when we visit Roller Kingdom, they do however need to wear it on Wednesday and/or Thursday's field trips. If a child does not have a shirt on the day of the trip, an additional one can be purchased for \$5. **Children without shirts will not be allowed to attend the field trip and no refunds will be given.**
- ❖ Children are **not allowed** to be dropped off or picked up at ANY of our field trip locations – for any reason!
- ❖ Make sure to write your child's name on their lunch boxes and any other item they bring to the summer program. We will do our best to keep things on the supplied shelves, but are NOT responsible for any lost or stolen items.
- ❖ Please have children keep their money on them at all times.
- ❖ Teenies and/or freeze pops will be available for sale twice a day for .25
- ❖ General store is open once a day at 11:00
- ❖ The cell phone policy changed last year, and will remain the same for this coming year.

Please read handbook for further information as to how this policy will work.



## MONDAY:

10 AM – FIELD GAMES

1 PM- FIRE DEPARTMENT VISIT



## WEDNESDAY:

THEME DAY – HAWAIIAN DAY

10 AM – HULA HOOP CONTEST

12 PM – SUB LUNCH \$5



Enjoy either a Ham or Turkey sub from Hudson's own Cahill subs. Lunch includes a drink, a bag of chips, and a slice of watermelon. Make sure to sign up before Tuesday at 4pm so your order can be placed.

1 PM – LIMBO CONTEST

3 PM – SHAVED ICE \$3 – MONEY WILL BE COLLECTED IN THE MORNING FOR THIS SPECIAL EVENT.



## FRIDAY:

HOURS 9AM-4PM

**Please do not drop off your child(ren) before 9 AM – Pick up is by 4:00!**

Please be advised that late fees apply for those not picked up on time

(\$1 per minute)

Drop off and Pick up at Robinson Pond –

You will be required to sign the out!

NO BEFORE AND AFTER CARE IS AVAILABLE

10:00 AM – TRAIL WALKS

1:00 PM – TUG OF WAR

**LIFEGUARD ON DUTY FROM 9-4 WHILE CAMP IS IN SESSION**

## TUESDAY:



10 am – ROLLER KINGDOM

Make sure to sign up on Monday in order to attend our fun trip to Roller Kingdom.

Cost is \$7 and includes free skate rental. Roller blades may be rented for an additional fee of \$3.

Children must wear socks or bring socks with them as they are not allowed to rent skates or blades without socks. Please plan ahead. They may also bring a lunch or purchase items at the skating rink.

Buses leave the Community Center approximately 10 am and return around 3 pm

No drop offs or pick up's are allowed. Sorry for any inconvenience.

12:30 – Afternoon movie for those staying behind.

THURSDAY: space is limited

TWO TRIPS TODAY!

Both require children to wear

yellow rec shirts!

6-10 yr olds - \$21

9:30 am – ALTITUDE TRAMPOLINE PARK – Pelham, NH

Children will spend a few fun filled hours bouncing around. Make sure to pack them a lunch, as they will return to the community center just in time to relax and eat.

Both a permission slip and a waiver must be filled out for this trip. Includes cost of socks.

11 and ups

3:00 BOSTON RED SOX \$45

( vs. LOS ANGELES ANGELS)



Children will leave the Community center at 3:30 pm and travel to Fenway Park. This is a late night – Please provide them with either a packed dinner or money to purchase something at the field. The game begins at 7:10 and we will leave after the last out. Please watch the game to not only see your child, but to know when the game has ended. We will arrive home about 1 hour later. Children will also be allowed to call you to let you know when we are on our way. Please be at the Community Center waiting for your child(ren), as this will be a late night for all of us! Thanks.

# PERMISSION SLIP FOR ALTITUDE TRAMPOLINE PARK

AUGUST 8 TH 6-10 ONLY

1 OF 2 PERMISSION SLIPS NEEDED

\$21



I GIVE MY CHILD \_\_\_\_\_ AGE \_\_\_\_\_,

MY PERMISSION TO ATTEND THE FIELD TRIP WITH THE HUDSON RECREATION SUMMER PROGRAM TO ALTITUDE TRAMPOLINE PARK, PELHAM, NH. I AUTHORIZE HUDSON RECREATION TO OBTAIN, THROUGH A PHYSICIAN OF ITS CHOICE, ANY EMERGENCY MEDICAL CARE THAT MAY BECOME NECESSARY FOR MY CHILD IN THE COURSE OF SUCH ACTIVITIES. I ALSO AGREE, NOT TO HOLD THE HUDSON RECREATION DEPARTMENT OR ANYONE ACTING ON THEIR BEHALF, RESPONSIBLE FOR ANY INJURY OCCURRING TO THE ABOVE-MENTIONED PARTICIPANT IN THE COURSE OF SUCH ACTIVITIES.

SIGNATURE: \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THEY CHILD WILL NEED FOR THE TRIP IF APPLICABLE: THIS INCLUDES DAILY MEDICATIONS AND EPI-PENS

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PELHAM PARK, LLC – ALTITUDE TRAMPOLINE PARK  
PARTICIPANT AGREEMENT WAIVER, RELEASE AND ASSUMPTION OF RISK

**PARTICIPATION IN TRAMPOLINE COURT AND PARK ACTIVITIES ENTAILS KNOWN, ANTICIPATED AND UNANTICIPATED RISKS THAT COULD RESULT IN PHYSICAL AND/OR EMOTIONAL INJURY, PARALYSIS, DEATH OR DAMAGE TO YOUR SELF AND/OR TO OTHERS. RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, SLIPPING AND FALLING, LANDING IMPROPERLY, COLLISIONS WITH FIXED OBJECTS, MOVING OBJECTS AND/OR OTHER PEOPLE WHICH MAY RESULT IN SPRAINS, FRACTURES, BREAKS, SCRAPES, BRUISES, DISLOCATIONS AND INJURIES TO HEAD, BACK AND NECK.**

In consideration of the services provided by *PELHAM PARK, LLC*, a *New Hampshire* limited liability company, who is the owner and operator of ALTITUDE TRAMPOLINE PARK (the "Park") and my desire to spectate and/or participate in the activities and services provided by *PELHAM PARK, LLC* at the Park today and in the future (*Altitude of Pelham, LLC*) and its individual members, managers, directors, officers, agents, employees, volunteers, representatives, servants, predecessors, successors, assigns, affiliated entities, heirs, personal representatives and all other persons, firms, or entities claiming by or through them are hereinafter known as "**PELHAM**"):

I,

(print name),

on behalf of myself, my spouse, my child(ren), minor child for whom I am appointed guardian, my parent(s), my heirs, assigns, personal representative and estate hereby:

(a) agree to use the Park and its facilities in a safe and responsible manner;

Initials

(b) agree to abide by the Park rules and instructions and the directions of Park employees and representatives, whereby I acknowledge that (i) those rules, instructions and directions are intended to promote the safety of both myself and others; (ii) my failure or refusal to abide by those rules, instructions and directions can lead to the immediate revocation of my right to use the Park and its facilities, without any right to refund of any payments made; and (iii) in the event of sickness, accident or injury, (a) I will immediately report my injury to the Park's staff and under no circumstances will I leave the facility without doing so, (b) I will cease all participation in Park activities at that time of sickness, accident or injury, (c) I authorize the Park employees and representatives to obtain and secure, on my behalf, emergency medical treatment and transportation, when deemed appropriate by the Park employees and representatives, and (d) I agree to assume, at my expense, all costs of emergency medical care and transportation;

Initials

(c) agree to fully and forever waive, release and discharge Park Owner from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, exemplary and punitive), liability or obligations of any nature or kind, whether known at the time I leave the Park or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with: (a) my activities within the Park; (b) the activities within the Park by others; (c) the operation of the Park by Park Owner **regardless of whether such claims are founded in whole or in part upon alleged negligence, or the actual negligence of Park Owner**; (d) my use of any and all of the Park facilities; and (e) my use of any and all equipment within the Park, whether owned by me, Park Owner or a third party;

Initials

(d) agree to indemnify and hold Park Owner harmless from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments directly or indirectly arising out of, or relating to my acts or omissions while participating in any activities at the Park;

Initials

- (e) agree to accept and assume all of the risks which accompany the Park's activities and represent that my participation in the activities is purely voluntary and I elect to participate in the activities notwithstanding the risks;

Initials

- (f) fully understand that participating in the activities within the Park involves physical exertion; and accordingly represent that I (i) am in sufficient good health to participate in activities within the Park; (ii) I do not have any pre-existing physical or medical condition, including without limitation pregnancy, orthopedic problems, including back problems; heart problems; and/or breathing problems, that might be impacted or worsened by my use of the Park; and (iii) will not use the Park and its facilities while under the use of any drugs, alcohol or medications that may impair my physical abilities or judgment;

Initials

- (g) agree to (i) watch the Park's safety video before participating in any activity, (ii) attempt only activities that I feel I am capable of performing safely, and (iii) stay in areas that will not place me in danger,

Initials

- (h) certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the activities within the Park, or if not, I agree to bear the costs of such injury or damage to myself and others; and,

Initials

- (i) authorize Park Owner, and its successors to capture my image, likeness and sounds in photographs, videotapes, recordings or other forms of media ("Images"). I acknowledge that Park Owner will own such Images and I grant permission, without compensation, for Park Owner, or any affiliated party of the Altitude Trampoline Park brand, to copyright, display, publish, distribute, use, modify and print such Images in any lawful manner, including without limitation, in publications, advertisements, brochures, web sites, social media and other electronic displays and transmissions thereof. The foregoing authorization shall not include using my name with any Image, unless I agree otherwise in writing.

Initials

By providing my initials above, I acknowledge my understanding and agreement to the foregoing terms

I agree that any legal proceeding shall be filed solely in the County of *New Hampshire* and I further agree that the substantive law of *New Hampshire* shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Park Owner on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

I understand and agree that: (i) that this Waiver, Release and Assumption of Risk gives up important legal rights; (ii) I am giving up these important legal rights voluntarily, freely, under no threat of duress, without inducement, promise or guarantee being communicated to me; and (iii) the signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Dated: \_\_\_\_\_, 20\_\_\_\_

**PARTICIPANT: I represent that I am Eighteen (18) years of age or older**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print Name - Picture I.D. required)*

If the Participant is not 18 years of age or older, then the following Parent or Guardian Consent must be read and signed before the Participant is allowed to use the Park and its facilities.

**PARENT OR GUARDIAN CONSENT**

I have read and understand the terms of this WAIVER, RELEASE AND ASSUMPTION OF RISK AGREEMENT and unconditionally agree to its full terms, statements, warranties, notices, representations, waivers and releases on behalf of both myself and marital community, if any, and my child or ward, whose name is:

\_\_\_\_\_  
*(Print Your Child's or Ward's Name)*      *(Child or Ward's D.O.B)*

All such terms, statements, warranties, notices, representations, waivers and releases fully apply to my child or ward as if I was the participant. I understand that, by signing this Consent, I am giving up important legal rights both on behalf of myself and my child or ward regarding potential rights and claims against Park Owner. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

I hereby warrant and represent that if I am neither the Child's Parent nor legal Guardian, I have been granted the expressed authority to execute this Waiver, Release and Assumption of Risk Agreement by, and on behalf of, the Child's Parent or Guardian. In the event that I do not have the authority to execute this agreement on behalf of another, I agree that I shall be solely liable for any and all claims, actions, penalties, causes of action, services, fees or similar expense.

Dated: \_\_\_\_\_, 20\_\_\_\_

**PARTICIPANT/GUARDIAN:**

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Print Name - Picture I.D. required)*

Relationship to Child or Ward: \_\_\_\_\_

Parent/Guardian Telephone  
Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

**This permission slip is for the session with Hudson Recreation only. No information will be stored for future use!**

PERMISSION SLIP FOR BOSTON RED SOX GAME



AUGUST 8 TH 11 & UP ONLY

BUS LEAVES AT 3:00 PM – YELLOW SHIRTS REQUIRED!

\$45

I GIVE MY CHILD \_\_\_\_\_ AGE \_\_\_\_\_,

MY PERMISSION TO ATTEND THE FIELD TRIP WITH THE HUDSON RECREATION SUMMER PROGRAM TO THE RED SOX GAME IN BOSTON, MA. I AUTHORIZE HUDSON RECREATION TO OBTAIN, THROUGH A PHYSICIAN OF ITS CHOICE, ANY EMERGENCY MEDICAL CARE THAT MAY BECOME NECESSARY FOR MY CHILD IN THE COURSE OF SUCH ACTIVITIES. I ALSO AGREE, NOT TO HOLD THE HUDSON RECREATION DEPARTMENT OR ANYONE ACTING ON THEIR BEHALF, RESPONSIBLE FOR ANY INJURY OCCURRING TO THE ABOVE-MENTIONED PARTICIPANT IN THE COURSE OF SUCH ACTIVITIES.

**PLEASE PROVIDE YOUR CHILD WITH EITHER MONEY TO PURCHASE THEIR DINNER, OR PACK ONE FOR THEM TO EAT ON THE BUS ON THE WAY TO THE GAME.**

**WE WILL STAY UNTIL THE LAST OUT – PLEASE PLAN ON PICKING UP YOUR CHILD APPROXIMATELY ONE HOUR AFTER THIS OCCURS. THEY WILL BE ALLOWED TO CALL YOU AS WELL.**

**THIS IS A LATE EVENING FOR ALL OF US – PLEASE PICK UP PROMPTLY. WE APPRECIATE IT!**

SIGNATURE: \_\_\_\_\_

DAY TIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THEY CHILD WILL NEED FOR THE TRIP IF APPLICABLE: THIS INCLUDES DAILY MEDICATIONS AND EPI-PENS

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