



VILLAGE OF PIGEON

Est. 1903

29 South Main Street, P.O. Box 379

Pigeon, Michigan 48755

www.pigeonmichigan.com

Hall (989) 453-2733 · Fax (989) 453-3000 · Police (989) 453-3001

DPW After Hours Emergency (989) 453-3473

Pigeon 2024 Summer Rec Program

We are excited to announce the 11th year of the Summer Rec Program! This partnership between the Village of Pigeon, Scheurer Hospital and Youth for Christ allows us to provide participants with recreation-themed activities while also providing lunch, and some exciting day trips.

The Summer Rec Program will meet Monday through Thursday each week and will keep the youth active by engaging them in a variety of safe, supervised age appropriate activities such as traditional sports, craft projects, active games, fitness and nutrition, as well as unique day trips offsite. The program will meet at the Pigeon Recreation Park. Thursday field trips will leave and pickup from the Pigeon Recreation Park.

- Program Dates: June 3rd – July 25th
The week of July 1st will be closed.
- Time: 9:00 am - 2:00 pm, Monday –Thursday
- Meals: Lunch will be provided free each day, but a count must be given the week before
- Fees: Free to village residents
\$125 per child for youth out of village limits
Make checks payable to the Village of Pigeon
- Ages: Students ***going into*** 1st – ***going into*** 6th grade

You can pick up a registration pack at the Village of Pigeon office, the YFC office. Completed registration forms can be dropped off at the YFC office. We are only registering 60 students.

Registration to Village residents will be given first priority, but must be signed up by May 3rd. After May 3rd registration will open to all participants on a first come, first serve basis. Out of town residents can start turning in applications starting May 6th. Spaces will only be held for those that have completed all registration forms and turned in any moneys owed by May 24th.

If you have any further questions about the program or registration, please contact us at 989-453-3239.

**PIGEON SUMMER RECREATION PROGRAM
CHILD INFORMATION RECORD
2024**

NAME OF CHILD _____
(Last) (First) (M)

AGE _____ GRADE ENTERING FALL 2024 _____ DATE OF BIRTH _____

ADDRESS _____
(No.) (Street) (P O Box) (Apt #)

(City) (State) (Zip)

Fathers/Legal
Guardian's Name _____
(Last) (First)

Mothers/Legal
Guardian's Name _____
(Last) (First)

Address _____
(No.) (Street) (P O Box) (Apt #)

(City) (State) (Zip)

Address _____
(No.) (Street) (P O Box) (Apt #)

(City) (State) (Zip)

Home Phone Number _____
Employer Name _____
Employer Phone _____
Cell Phone _____

Home Phone Number _____
Employer Name _____
Employer Phone _____
Cell Phone _____

Name of person to be notified in Emergency when Parents are not available:
Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Person(s) other than Parents, Legal Guardian, or Emergency Contact to whom child may be released: _____

Child's Physical/Health Clinic _____

Physician's Name _____

Address _____
(No.) (Street) (City) (State) (Zip)

Health Insurance Carrier _____ Policy/Group No. _____

Is your child currently under medication or treatment? Yes _____ No _____

Would medication be required during summer rec hours? Yes _____ No _____

If yes, give type, dosage, frequency, symptoms, diagnosis, duration, etc. _____

Allergies, other conditions and/or precautions that staff or medical personnel should be aware of _____

Child will normally be arriving and leaving by the way of: Bike _____, Bus _____, Walking _____,

Parent _____, Other person(s) Name(s) _____

(These persons(s) need to be located under release section on front)

Child may _____ or may not _____ leave or sign themselves out from the program after the program is done for the day.

.....
Additional phone numbers to receive Remind (text) notifications (i.e. change of pickup location, schedule changes, etc.):

CHILD'S MEDICATION RELEASE FORM

Child's Name _____

I, the undersigned parent/legal guardian, acknowledge that my child is in good health. I understand that I must list any health restrictions, allergies, or medications in the space provided below that pertains to the above named child.

The above named child has the following:

HEALTH RESTRICTIONS _____

ALLERGIES _____

MEDICATIONS _____

I understand that the Pigeon Summer Recreation Program will not be responsible for anything that may happen because of health information incorrectly shared or not shared on this form.

I assume complete responsibility that my child is in good health and assume responsibility for my child's state of health while he/she attends at the Pigeon Summer Recreation Program.

Print Parent/Guardian Name

Date

Signature of Parent/Guardian Name

PERMISSION, WAIVERS AND AUTHORIZATIONS

I, the undersigned parent or guardian, hereby grant permission for my child to participate in all activities and to use the equipment provided by the Pigeon Summer Recreation Program.

I, the undersigned parent or guardian, hereby understand and realize that by enrolling and registering my child in the Pigeon Summer Recreation Program, I will not hold the Village of Pigeon, Pigeon Summer Recreation Program, Youth for Christ, Scheurer Hospital, their employees, volunteers, organizers, agents or contractors responsible or liable for any injury that may occur while in attendance. I also realize that the staff, program hosts, and organizers will do everything possible to offer a safe and injury-free program. However, I realize that there is some inherent degree of risk and that injuries could possibly occur.

I, the undersigned parent or guardian, hereby realize that for my child's security and the security of all the children registered, program staff cannot and will not release a child to someone not listed on the child's information records. I also hereby realize that the staff, may, at their discretion, request to see identification of those picking up my child if they are unfamiliar with the individual.

I, the undersigned parent, or guardian, hereby assume full responsibility for the behavior of my child. If he/she damages or destroys property belonging to the Pigeon Summer Recreation Program, Youth for Christ, Pigeon Parks & Recreation or any other vendor or contractor associated with the program, I will replace damaged item(s), equipment, and/or materials.

I, the undersigned parent, or guardian, hereby realize that my child may be dismissed from the program due to inappropriate behavior that disrupts the program and/or actions that may cause harm to themselves, other children and/or staff.

I, the undersigned parent, or guardian, hereby agree to allow Pigeon Summer Recreation Program, Youth for Christ, Pigeon Parks & Recreation, Scheurer Hospital, and all media to use, produce and/or reproduce my child's name, picture, and/or likeness to promote, provide coverage for/or for any other official business as needed.

Signature of Parent or Guardian

Date

I, the undersigned parent, or guardian, hereby give and grant permission to the Pigeon Summer Recreation Program and/or Pigeon Parks & Recreation to secure emergency and/or medical surgical treatment for my child while in care if such treatment is deemed necessary by medical personnel.

Signature of Parent or Guardian

Date

PIGEON SUMMER RECREATION PROGRAM

RULES AND PROCEDURES

1. Show respect to others at all times.
2. Follow all directions given by adult leaders.
3. Ask permission before using the restroom or getting equipment.
4. No swearing or obscene gestures.
5. Shoes and shirts are to be worn at all times, unless otherwise directed.
6. Clean up after yourself and throw away trash after lunch and snack time.
7. Students must sign in and out everyday.
8. No one will be allowed to leave the park early without written permission.

DISCIPLINE POLICY

If a student chooses not to follow the rules, these are the consequences:

- **First Offense:** A verbal warning will be given
- **Second Offense:** Student will sit out for a period of time and complete a behavior contract to be taken home and returned signed by a parent.
- **Third Offense:** Student will complete a behavior contract and parents will be called. The student may be suspended from the program for one or more days.
- **Fourth Offense:** Parents will be called to pick up the student, and he/she will no longer be allowed to attend the program.

**Consequences may vary slightly depending on the severity of the situation.

SUMMER REC REMINDERS AND POLICIES

- This year, the Pigeon Summer Recreation Program will run from June 3rd – July 25th. It will be held Monday – Thursday from 9:00 A.M. – 2:00 P.M. for children going into grades 1st – 6th. Please make every effort to drop off and pick up your child on time.
- The program will not be held the week of July 1st.
- This program is meant to be attended every day. When possible, please notify us of days your child will not attend so we can adjust our daily planning.
- If your child has any rashes, open wounds/sores, contagious illness, fever, or has thrown up in the last 24 hours, please keep them home and let a staff member know. If your child arrives and has any of these symptoms, staff will call parents/guardians to pick the child up.
- Students must be signed in and out each day. If someone will pick up your child other than a parent or legal guardian, please send a note. A child will not be allowed to leave the park with anyone other than a parent/guardian without written permission.
- Summer Rec will be held at Pigeon Recreation Park unless it is raining or there is bad weather, in which case it may be held at the Youth for Christ building or Laker Legacy Center. If it starts raining while the program is in session, the program may be moved or parents will be contacted.
- Lunch will be provided this year. Lunch time will be at 11:45 each day. Snack time will be taken in the morning and snack and lunch will be provided by Scheurer Hospital. You will be asked to notify us the week before if your student will be eating lunch. This will help with the hospital in buying supplies.
- Children are required to wear shoes that have a covered toe (tennis shoes are highly recommended). They are not allowed to wear flip flops or sandals with open toes unless otherwise directed. This policy is in place to help prevent foot injuries.
- Cell phones are not to be used by students for any purpose during Summer Rec without the permission of an adult leader. If a child brings a cell phone, it must be turned off and put away or turned in to the leaders.

If at any time you have any questions or concerns, please feel free to contact us. We will take every effort to keep children safe.