Club Vikes Questionnaire 2018

My son and/or daughter is involved in the following summer rec activities that take place during their time at Club Vikes: (Please check all that apply) 6-8 yr old ROOKIE LEAGUE BASEBALL (M-Th @ 10:15-11:15am) @ Carr Field _____ **4-5 yr old SOCCER** (T & Th @ 10:00-10:45am) @ Carr Field K-5th grade SOCCER (M-F 8:30-9:45am) @ Carr Field (Games on Friday's @ same time) **6+ grade SOCCER** (Boys-MWF 10:00-11:30am or Girls-T/TH 10:00-11:30am) @ Carr Field **2-4th grade PEEWEE/KNOT HOLE BASEBALL** (M-Th @10:30-11:50am, M&W @1:00pm for games) @ Chauncy Martin East Field **4-5 yr old T-BALL** (M & W 10-10:30am) @ Carr Field 5-6th grade LITTLE LEAGUE BASEBALL (M-Th @ TBD) @ Chauncy Martin West Field 13 yr old BABE RUTH BASEBALL (M-Th @ TBD) @ Chauncy Martin Baseball Diamond _____ **3-6th grade PONYTAIL SOFTBALL** (M-Th 10:30-11:50am, T&Th @ 1:00pm for games) @Chauncy Martin East Field 3-4th grade TENNIS (M & W @ 9:00-10:00am) @ Chauncy Martin Field 5-7th grade TENNIS (T & Th @ 9:00-10:00am) @ Chauncy Martin Field _____ **3-7th grade GOLF** (M & Tu @ 1:00-3:00pm) @ Birchwood Golf Course - NO TRANSPORATION PROVIDED BY CLUB VIKES Your child will be taken to the selected summer rec activities EVERY time that it is scheduled, unless you give Club Vikes Staff written permission that your child can miss their activity. Please also notify Amanda Guler or the coach of the activity that they will not be attending. *Club Vikes staff will **not** be walking kids to GOLF or to Swimming Lessons. Please arrange your own transportation for those activities. **Special Permissions:** I GIVE CLUB VIKES STAFF PERMISSION TO WALK MY CHILD TO AND FROM THE ABOVE ACTIVITIES: YES NO I GIVE MY CHILD PERMISSION TO WALK THEMSELVES TO AND FROM THE ABOVE ACTIVITIES:

YES NO ____ YES ____ NO My child has permission to participate in Club Vikes off-site activities/Field Trips. *We go to the minnow races, the pool, and the park occasionally. I give permission for Club Vikes to apply sunscreen as needed, on my child ____ YES ____ NO I give permission for Club Vikes to apply bug spray or lotion, as needed, on my child ____ YES ____ NO I understand that as with participation in school activities, I, the undersigned will assume responsibility in the case of accidents, injury or lost or damaged personal items during the programs duration. Child's Name: Grade (2018-2019 School Year): _____ Date:_ Parent/Guardian Signature: