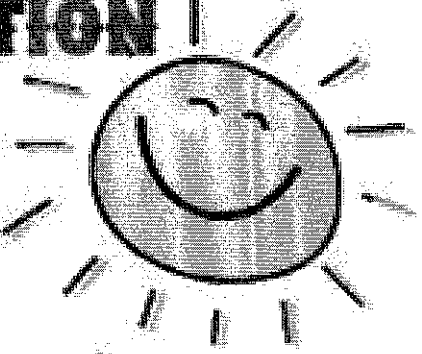


SCITUATE RECREATION

Summer Rec Program



July 1, 2019 - August 16, 2019

Drop off at 8:30am at Hope Elementary School

Hope Elementary School • 391 N Road • Hope, RI 02831

Pick up at 5:00pm at Hope Pond

Hope Pond • 37 Ryefield Road • Hope, RI 02831

\$175 Scituate residents • \$225 non residents (space is limited)

Field trip are offered at an additional cost

**Join the Scituate Recreation Department
for a Summer of Fun!**

Activities include swimming, sports, (kickball, soccer, baseball, basketball, and more!)
Arts and crafts, storytellers and other performers, cookouts,
concession stand with candy ice cream and drinks.

Forms can be downloaded on the Rec website/Facebook page
www.facebook.com/ScituateRI

All forms with check or cash can be dropped off/mailed Town Hall
195 Danielson Pike, North Scituate, RI 02857

*One on One Basketball Camp for boys and girls ages 6-14 will be held
June 24th-28th. Elite Basketball camp for boys and girls ages 8-15 will
be held July 8th-12th. See flyer sign-up in package for summer camp.

Visit us at www.ScituateRI.org

Sponsored by the Scituate Rec. Dept.

One on One Basketball Summer Hoops Camp 2019

at Scituate HS

SUMMER HOOPS CAMP

Learn and improve while having fun.

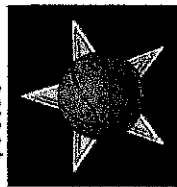
Boys and Girls Ages 6-14

Date: June 24 - June 28

Time: 9am-3pm

Cost: \$175

*Half Day option 9-12:00 or 12-3:00
\$90.00



BOYS AND GIRLS "ELITE" CAMP

GET THE EDGE!

July 8 - 12

Ages 8 - 11 8:45am-11:45pm

Ages 12 - 16 12:15 - 3:15pm

Cost: \$140

Boys and Girls will be in separate gyms.

2-Camp Special \$285.00

Meet The Staff

➤ Camp Director Frank Luca, "One on One Basketball", Regional Director, has been involved with basketball as a player and coach for 34 years. Frank coached at Scituate High School (2005 Championship Team) and was an assistant boy's varsity coach at Smithfield High School.

➤ Coach Mel Moore,

Lead instructor and trainer for One on One Basketball. Ramel is a former CCRJ and Roger Williams basketball player. Founder/Owner of Revolution Sports Player Dev. Organization and is certified in CPR and First Aid

➤ Jamienata Lamin, One on One Basketball instructor. Played at Cranston East and a AAU player. Currently Girls Head Coach at UCAP Middle School in Prov.

**** \$10.00 Discount **** off the Scituate Elite Basketball camp, when registering for Summer Camp at Hope Pond

What to Expect From One on One

- Experienced Coaches
- 1 coach to 9 player ratio
- Written Evaluations
- Skill Stations
- T-Shirts for all the Campers
- Shooting & Offensive Skills
- Fundamental Scrimmages

Pre-Season "Elite" Camp

Offers High School/College level practice drills with an advanced level of individual skill development along with constructive 5 on 5 games and Plyometric training.

(20 camper limit per session)

*If registered for the town Scituate Summer camp - Transportation will be provided from SHS camp back to Hope Pond.

To register please complete the form below and mail with payment to:

Frank Luca 127 Swan Rd. Smithfield, RI 02917 **MADE PAYABLE TO: One on One Basketball**

For questions, please call Frank Luca, Regional Director at 401-639-0814 or e-mail at Frank@1on1basketball.com

Child's Name

Grade

Age

Address

Zip

State

E-Mail

Parent/Guardian

Phone

Payment enclosed \$

Please circle camp your child will attend: Summer Hoops Elite Camp 2019

(Shirt Size S M L XL please circle adult size)

Register Now! Online at www.1on1basketball.com (click Providence, then Camps)
Multi-Camp and Sibling discounts available **For your convenience lunch, beverages and snacks will be available for purchase**

Scituate Recreation Summer Program Information 2019

Dear Parents,

The staff of the Scituate Recreation Department is putting the finishing touches on this year's summer program which is scheduled to begin on Monday, July 1st and end on Friday, August 16th. The staff has planned a fun-filled program which includes recreational activities, field trips, arts and crafts, ceramics, performances, special events, visits to the Hope Public Library and swimming at Hope Pond.

RECREATION PROGRAM LOCATION

Hope Elementary School, 391 N. Road, Hope, RI 02831 8:30AM-5:00PM

Drop off location: Hope Elementary School, 391 N. Road, Hope, RI 02831

Pick up location: Hope Pond, 37 Ryefield Road, Hope, RI 02831

DROP OFF/PICK UP PROCEDURES

Each day that your child attends the recreation program he/she **MUST** be signed in at drop off time and out at pick up time by a parent/legal guardian with his/her head counselor. If for some reason your child will be leaving early from the recreation program, please let your child's head counselor know at drop off time. Please **DO NOT** drop off your child until 8:30AM for the program.

If another individual (must provide photo ID) other than yourself will be responsible to pick-up your child from the recreation program you **MUST** provide written permission and give it to his/her head counselor at drop off time. Parent verbal permission will **NOT** be accepted.

CALENDAR

Please refer to the calendar for when field trips, ceramics, performances, presentations, special events, and other daily activities will occur during the program.

FIELD TRIPS

If you would like to have your child attend a field trip you **MUST** sign up and pay by the Friday before the scheduled date of it. Your child **MUST** be at Hope Elementary School by 9:00 AM to be able to attend any of the field trips. Your child **MUST** wear his/her recreation T-shirt and sneakers for each field trip that he/she attends. You **MUST** sign out your child with his/her head counselor when you pick-up your child from a field trip.

A CLEAN ENVIRONMENT

A clean environment is a happy environment. It will be the responsibility of **EVERYONE** to help make sure that the grounds of the Scituate Recreation Summer Program are kept cleaned daily. Please tell and remind your child daily that **ALL** of his/her trash has a place... in a trash can.

ELECTRONIC DEVICES, GAMES, TOYS, ETC.

Please **DO NOT** send any types of electronic devices (ie. Cell phones, computer games, iPads, iPods, nooks, etc.) games, toys, etc. with your child to the recreation program. The recreation program is a time for your child to participate in several recreational activities with his/her peers and staff. If your child does bring any electronic devices, games, toys, etc. he/she will be asked to put it in his/her backpack. Please note that the Scituate Recreation Program will **NOT** be held responsible if your child's electronic devices, games, toys, etc. gets lost, stolen and/or broken.

ADDITIONAL INFORMATION

Your child will be participating in a variety of recreational activities, as well as outside activities during his/her attendance of the Scituate Recreation Summer Program. As a result, please make an effort daily to have your child wear comfortable and weather appropriate clothing and no opened-toed footwear with sneakers being the best option. Please apply sunscreen lotion to reduce the risk of your child receiving a sunburn. Please provide your child with a lunch and snack, as well as at least one to two bottles of water. There will be snacks and drinks available for your child to purchase. The staff will **NOT** be able to supply your child with money to purchase snacks and drinks so please provide your child with money to do so. Finally, please label **ALL** of your child's belongings with his/her name. If your child is missing something that belongs to him/her, please check the "Lost and Found". The Scituate Recreation Summer Program staff looks forward to seeing you all soon!

**Scituate Recreation Summer Program
Medical/Authorization Form**

Child's Name: _____
D.O.B.: _____ Age: _____ Grade in Sept: _____
Parent(s) Name: _____
Address: _____
Home Telephone #: _____ Cell phone #: _____

In consideration of admittance, I _____ hereby authorize the Scituate Recreation Summer Program to arrange for medical treatment for my child, _____ should an emergency arise. It is understood that a conscientious effort will be made by the program director(s) to contact me at the emergency numbers that I have provided below before any medical action is taken. I would prefer to have my child, if the need arises taken to _____ Hospital.

Parent/Legal Guardian Signature: _____
Date: _____

Parent Information:

Home Telephone #: _____
Cell Phone #: _____
Work Telephone #: _____

Parent Information:

Home Telephone #: _____
Cell Phone #: _____
Work Telephone #: _____

Relatives or Other Individuals the director(s) may contact in an emergency:

Name: _____ Relation: _____ Telephone #: _____
Name: _____ Relation: _____ Telephone #: _____
Name: _____ Relation: _____ Telephone #: _____

Are there any medial (ie, allergies, medications, seizures, surgeries, etc.) and/or other medical conditions which should be brought to the attention of the program director(s)?

YES _____ NO _____

If yes, please list below:

Parent/Legal Guardian Signature: _____
Date: _____