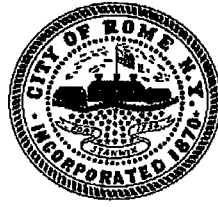


JACQUELINE M. IZZO  
Mayor



DEPARTMENT OF PARKS & RECREATION  
ROME CITY HALL, 198 N. WASHINGTON STREET, ROME, NEW YORK 13440-5815  
Telephone: (315) 339-7656 Fax: (315) 838-1161; [www.romenewyork.com](http://www.romenewyork.com)

## SUMMER DROP-IN PROGRAM REGISTRATION PACKET—2019



JACQUELINE M. IZZO  
*Mayor*

**JACQUELINE M. IZZO**  
Mayor



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### **DROP-IN PROGRAM PARENTS LETTER -- 2019**

Dear Parents,

On behalf of the City of Rome Department of Parks & Recreation and the Pinti Field Summer Drop-in Staff, welcome to the 2019 Summer Drop-in Program. We are looking forward to a FUN and SUCCESSFUL summer!

**Open Registration:** Registration for the program begins at 6:30am on Wednesday, May 8, 2019 at the Rome City Hall Recreation Office, 2<sup>nd</sup> Floor. Registration will continue until all program slots are full; Max of 64. Once max capacity is achieved a waiting list is generated.

**Parent Meetings:** There will be (2)Two separate parent meeting dates established. One parent meeting must be attended as it is required and MANDATORY for all registered participants; no exceptions. No camper may attend the program until one of the scheduled parent meetings is attended.

Parent Meeting Date: Monday, June 17<sup>th</sup> or Tuesday, June 18<sup>th</sup>. The parent meetings start at 6:30pm at the Rome City Hall Council Chambers, 2<sup>nd</sup> Floor.

**Operating Season:** The Drop-in Program is housed at Pinti Field, 200 6<sup>th</sup> Street and runs Monday through Friday starting Monday June 24 and ending Friday August 16. The program is designed for children age(s) 6 to 12. The program will be closed on Tuesday, June 25 (Voting) and Thursday, July 4 (Holiday).

**Operating Hours:** The program opens at 7:30am and closes at 5:30pm. The parent/guardian must personally come in and sign their child in and out daily at the front desk. Along with the sign-in sheet, there will be important announcements and handouts periodically-so please be on the lookout for these.

**Staff:** Our counselors are primarily composed of college students who are selected for this program for their talent, skills, excellence with children and wide range of experience. They are, essentially, hand-picked for the program after serving in other areas of the city's recreation program as parks or activity workers. I encourage you to get to know them!

**Tuition & Payments:**

**Rome Residents: \$550**

**Non-Rome Residents: \$650**

The fee for residents this season is \$550 and the fee for non-residents is \$650. Payments should be made to: The City of Rome. All fees must be paid in full prior to the start of the program; last date for final payment is Friday, June 21. Your slot will be offered to the next child on the waiting list should full-payment not be received. **No child is allowed to attend program or return until all fees are paid in full.** Fees will be refunded only if the camper has not started the program.

**Daily Supplies:** In a labeled backpack you should send your child daily with a nutritious snack, water bottle, swim suit, beach towel, and sun screen. Participants are strongly discouraged from bringing large quantities of money, videogame systems, cell phones, bikes, or valuable personal items to the program. The program is not responsible for lost or stolen items.

**Lost & Found:** Located in the main entrance by the front desk; parents are asked to check this location daily.

**Breakfast & Lunch:** The Rome City School Lunch program supplies free lunch M-F, 12:00pm-12:30pm at Pinti Field. Breakfast will NOT be provided this season; please ensure your child(ren) are fed prior to daily participation and/or provide your child(ren) with a morning snack.

**Dress:** Proper footwear (sneakers)-*no open toe shoes/flip-flops or heeilies*- and clothes that can get messy are strongly recommended. You may want to pack an extra pair of clothes just in case get wet, dirty, etc.

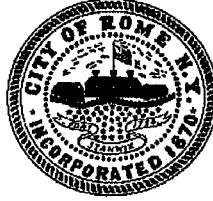
**Activities:** All children are required to participate in morning activities. While not athletic in nature, these groups, social, and recreation activities stress team-building skills, cooperation, participation, and getting to know each other.

**Field Trips:** We have a number of events, activities, and great field trips planned. Off-site field trips are paid separately and will require the parent/guardian to fill-out and sign a permission slip for each field trip. Children without payment and signed and completed forms will not be allowed to accompany us on the trip. **\*\*If you have a season pass to Enchanted Forest, please inform the director as soon as possible, so you will not be charged for attendance for this trip.**

**Medications, Illness, and Accidents:** Only those medications prescribed by a physician or life-saving medication will be administered during the camp day. The medication permission form must be completed and signed by a parent before any staff can administer the medication. If a child becomes ill we will make every attempt to contact the parent/guardian. Emergency contacts will be called if parent/guardian cannot be reached. All accidents will be reported on an accident report form for parent/guardian to view and sign. If possible, please administer any needed medications prior to daily camp start.

**Discipline:** The goal of the City of Rome Summer Drop-in Program is to keep all campers safe and engaged in active, wholesome fun! In order to provide a positive environment for all, we must all behave in an appropriate manner. Each camper and staff tries to his/her best everyday. Please see the City of Rome Cumulative Discipline Policy for further information.

JACQUELINE M. IZZO  
Mayor



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**SUMMER 2019**

THANK-YOU for your interest in having your child attend our summer drop-in program. As you complete this application packet, please make sure that you check off each item listed below. This will help ensure your packet is complete and that there will be no delays in your child being able to start and attend this day camp.

Please don not hesitate to contact the Recreation Department if you have any questions or need any additional information.

**REQUIRED FORMS & PAPERWORK**

- \_\_\_\_\_ Parent Consent Form
- \_\_\_\_\_ Waiver & Release Form
- \_\_\_\_\_ Health History Form
- \_\_\_\_\_ Emergency Medical Treatment Form (Rome Hospital)
- \_\_\_\_\_ Immunization (Shot Records)
- \_\_\_\_\_ Discipline Policy/T-shirt/Swim Lesson Form
- \_\_\_\_\_ Sunscreen Policy
- \_\_\_\_\_ Insect Repellent Policy
- \_\_\_\_\_ Field Trip Payment Form (if field trip dates & locations complete)
- \_\_\_\_\_ Payment Sheet

JACQUELINE M. IZZO  
Mayor



**DEPARTMENT OF PARKS, RECREATION AND COMMUNITY ACTIVITIES**

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**Parent Information & Consent Form -- 2019**

I, \_\_\_\_\_, as parent or guardian of the child listed below, hereby give my consent for my child to participate in the City of Rome Summer Drop-in Program. Furthermore, I ascertain that the information contained in this document and all additional documents, is accurate and up-to-date.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name of Step-Mother (*If non-applicable, please answer n/a*): \_\_\_\_\_

Address: \_\_\_\_\_

Name of Step-Father (*If non-applicable, please answer n/a*): \_\_\_\_\_

Address: \_\_\_\_\_

Physical Custodian(s) of the child: \_\_\_\_\_

Legal Custodian(s)/Legal Guardians of child: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Phone #: \_\_\_\_\_ Family Physician: \_\_\_\_\_

My child will be transported to and from the City of Rome Recreation Program(s) and may only be dropped off by and/or released to the following people:

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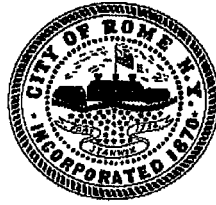
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NOTE: FOR YOUR PROTECTION, THE DEPARTMENT STRONGLY DISCOURAGES PARTICIPANTS FROM BEING ALLOWED TO WALK OR RIDE THEIR BICYCLE HOME FROM THE PROGRAM. SOME PARENTS, WHO LIVE IN CLOSE PROXIMITY TO THE PARK HAVE ASKED FOR THIS OPTION. THIS OPTION IS ONLY AVAILABLE WITH THE WRITTEN REQUEST FROM THE PARENT. THE WRITTEN REQUEST MUST CLEARLY RELEASE THE CITY OF ROME FROM ANY AND ALL LIABILITY AND RESPONSIBILITY ASSOCIATED WITH THE CHILD'S ARRIVAL TO AND/OR DEPARTURE FROM THE PROGRAM.

JACQUELINE M. IZZO  
Mayor



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### PERMISSION/WAIVER & RELEASE FORM

Release executed on \_\_\_\_\_, 2019, by \_\_\_\_\_  
(parent or guardian), of the City of Rome, County of Oneida, State of New York herein referred to as  
releaser, to THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR  
AGENTS/OFFICERS, AND EMPLOYEES, herein referred to as releasee. I, releaser being of lawful age,  
in consideration of my child \_\_\_\_\_ being permitted to participate in a program  
sponsored in whole or part by the City of Rome Department of Recreation to be located at various parks,  
facilities, and locations, do to myself, my heirs, executors, administrators and assigns, hereby release and  
forever discharge THE CITY OF ROME, NEW YORK, AND THE STATE OF NEW YORK, THEIR  
AGENTS, OFFICERS, COAHES, VOLUNTEERS, AND EMPLOYEES, the ROME CITY SCHOOL  
DISTRICT – and its agencies and employees, from any and every claim, demand action or right of action  
of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or  
personal injuries known or unknown, death or property damage resulting or to result from participation in  
said league and use of said site, whether by negligence or not. Such release is given as consideration for the  
privilege and right given me to participate in the activities, leagues, and programs and in the participation  
and use of such facilities.

I further attest to the fact that my child \_\_\_\_\_ is physically fit, and  
physically able to participate in such activities and that he/she has no condition- either medical or otherwise  
- which would render his/her participation in the Recreation Department program, activities, games,  
practices, meetings, or other events, unsafe to her/him. Likewise, I attest that my child understands – or has  
the capacity to understand – any and all program or facility rules or safety guidelines and that he/she will  
abide by these guidelines. I further certify that my child is up-to-date on any and all vaccinations.  
I certify that I am familiar with the activities to which I am properly enrolled in or registered for that are  
offered either in whole or part by the City of Rome Department of Parks & Recreation and give my full  
permission for my child \_\_\_\_\_ to participate in this recreation program and/or  
activity. I further certify that I am fully aware of, and agree, to assume all of the risks associated with  
participation in a sport, recreation program and/or physical activity she/he will participate in. *I am aware  
that any physical sports or recreational activity or program carries with it certain risks, including the risk  
of serious personal injury, paralysis, loss of limb, loss of vision or other sense(s), broken bones, injured  
muscles or other bodily systems and even death. Furthermore, as the parent/guardian of the above named  
minor, I hereby give my consent for emergency medical care or treatment by a duly licensed medical  
professional or duly licensed emergency medical technician. This care may be given under whatever  
conditions are necessary to preserve life, limb, or the well being of my child or other dependent.* This  
release contains the entire agreement between the parties hereto and the terms of this release are contracted  
and not a mere recital. Releaser further states (s)he has carefully read the fore-going release and knows the  
contents thereof and signs this release as his/her own free act. Likewise, the releaser further states that  
he/she understands all aspects of this instrument and that the signature below is a full and conscious act and  
not a mere formality. IN WITNES WHEREOF, releaser has executed this release at ROME, NEW YORK,  
the day and year first written above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

JACQUELINE M. IZZO  
Mayor



**DEPARTMENT OF PARKS, RECREATION & COMMUNITY ACTIVITIES**

198 NORTH WASHINGTON STREET ♦ ROME, NEW YORK 13440-5815

TELEPHONE (315) 339-7656 ♦ FAX (315) 838-1161

**DROP IN PROGRAM HEALTH HISTORY FORM - 2019**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical information**

Children participating in the City of Rome Summer Recreation Program(s) are encouraged to take part in a variety of outdoor and indoor recreational activities. In case of illness and/or injury, we ask you to provide the following information that it may provide program supervisors quick reference to any special needs of the child. This form will accompany the child to all field trips and/or to any treatment facility if medical treatment is required. It is important that the information provided be complete and accurate.

**General**

Does your child have any condition that would prohibit and/or impair his/her ability to participate in any of the recreation programs in which he/she may participate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the condition and any limitations or special needs: \_\_\_\_\_

Are there any activities in which the child's involvement should be restricted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify: \_\_\_\_\_

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ Contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If your child wears glasses or contacts, are there any activities which would not be permitted? \_\_\_\_\_

Does your child take any prescription medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Does this medication limit his/her participation in any activities?

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Health History (parent/guardian please complete this portion of form)

(Please give an approximate date for any of the below diseases or conditions that may apply: )

Ear infections	Chicken Pox	Rheumatic Fever
Measles	Convulsions	German Measles
Diabetes	Mumps	Asthma
Heart defect	Hypertension	Mononucleosis

**Allergies (circle those that apply):** Hay Fever    Poison Ivy    Insect sting    Penicillin    Aspirin

How has your child reacted when exposed to the allergen? \_\_\_\_\_

Does your child have any medications for this allergy? \_\_\_\_\_

What procedures are followed if you child experiences this allergic reaction? \_\_\_\_\_

Operations, serious injuries or chronic illness? \_\_\_\_\_

Is the child currently taking any medications? \_\_\_\_\_

**Immunization History:** The City of Rome is required by law to have a copy of your child's updated shot record from his/her pediatrician before they will be allowed to attend the program. This form must be brought in or faxed to the department – even if the child is a returning participant.

**Permission:** I am familiar with the activities offered by the City of Rome Summer Recreation Program, and I give my full permission for my child to participate in the City of Rome Summer Recreation Program and I further certify that the above information contained herein is complete and accurate:

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Emergency Consent Form:** As the parent/guardian of the above named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or other healthcare provider. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. Furthermore, I attest that, in lieu of a physical certificate, that my child is duly able to participate in this program and I accept full responsibility for any ill effects suffered by my child through participation in this program.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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ROME MEMORIAL HOSPITAL  
1500 North James Street, Rome New York  
(315) 338-7000

IF A CHILD NEEDS MEDICAL OR SURGICAL CARE, YOU AS A PARENT MUST GIVE PERMISSION. IT IS THE LAW. WITH THIS FORM, YOU CAN GIVE PERMISSION TO OTHER ADULTS TO ACT ON YOUR BEHALF IN YOUR ABSENCE, PLEASE LEAVE THIS FORM WITH YOUR CHILD'S CAREGIVER.

*Authorization  
for Medical and Surgical Treatment*

I, \_\_\_\_\_ mother/father of  
(Parent's Name)

\_\_\_\_\_ hereby give permission  
(Child's Name)

for Medical and Surgical treatment to be administered to my child and authorize

\_\_\_\_\_ to act on my behalf,  
(Designee)

from \_\_\_\_\_ to \_\_\_\_\_.

Allergies to Drugs: \_\_\_\_\_

Tetanus Immunization: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Any Medical Problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where we can be contacted: \_\_\_\_\_

Medical Insurance Information: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)

**CITY OF ROME: SUMMER DROP-IN PROGRAM  
DISCIPLINE POLICY**

The goal of the City of Rome Summer Drop-in Program Staff is to keep all campers safe and engaged in active, wholesome fun! In order to provide a positive environment for all, we must all behave in an appropriate manner. Each camper tries to do his/her best everyday but if a difficult day comes along, we will work together to identify the issue and modify the behavior. This policy comes into effect on the first day and offenses are **cumulative**; campers DO NOT start with a "clean slate" the next day or following week. Below is an outline of the policy used at the City of Rome Summer Drop-in Program.

**MINOR OFFENSES:**

**Minor offenses include the lack of respect shown to a fellow camper and/or staff member including inappropriate language, name-calling, talking-back, taunting, tattling, etc.**

**1st Offense:** Verbal warning (will be reported to Camp Director and Parent/Guardian)

**2nd Offense:** Written warning describing the behavior and will be issued to the Camp Director and Parent/Guardian

**3rd Offense:** Removal from the program immediately and **suspended** for the remainder of the day. It will be the Parent/Guardian **responsibility to pick-up child upon receipt of call**; no exceptions. The parent/guardian, camper and staff member will report to Director for discussion of behavior.

**4th Offense:** Parent/Guardian will be contacted immediately and the camper will receive a **3-day suspension** from camp. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions.

**5th Offense:** Camper will be suspended for the remainder of the Summer Drop-in Program.

**SERIOUS OFFENSES:**

**Serious offenses include the endangering of another person's well-being involving continuous disruptive/abusive behavior and/or language, fighting, pushing, shoving, hitting, slapping, bullying, threatening, etc.**

**1st Offense:** Camper will be removed from the program immediately and **suspended** for the remainder of the day. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions. The parent/guardian, camper and staff member will report to Director for discussion of behavior.

**2nd Offense:** Parent/Guardian will be contacted immediately and the camper will receive a **3-day suspension** from camp. It will be the Parent/Guardian responsibility to pick-up child upon receipt of call; no exceptions.

**3rd Offense:** Camper will be suspended for the remainder of the Summer Drop-in Program.

**IMMEDIATE SUSPENSION:** For all acts of sexual harassment by a camper or staff member.

**\*\*\*IF ANY SUSPENSION SHOULD OCCUR, NO REDUCTION OR REFUND OF FEES WILL BE MADE.**

**REWARD SYSTEM**

The City of Rome Summer Drop-in Program Director & Staff will be focusing on highlighting and rewarding good behavior. Checks that may have been received can be removed if the Director deems consistent good behavior by a group or individual camper.

JACQUELINE M. IZZO  
Mayor



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198 NORTH WASHINGTON STREET ♦ ROME, NEW YORK 13440-5815  
TELEPHONE (315) 339-7656 ♦ FAX (315) 838-1161

**CITY OF ROME SUMMER DROP-IN PROGRAM  
DISCIPLINARY POLICY**

I \_\_\_\_\_ (printed name of parent) attest that I have received, read, and agree to the City of Rome Drop In Program's Disciplinary Policy. I am aware that I may contact program supervisors or counselors or the Recreation Department Office if I have any specific questions regarding the policy and/or its implementation.

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date)

*(Please make sure you keep the disciplinary policy summary for your records and only turn in this sheet!)*

**CAMPER T-SHIRT SIZE**

Please circle the size shirt your child wears. Each child will be issued a Drop-in Program T-Shirt. The T-shirt should be worn on Fridays for Field Trips and may be worn at other events (such as the Honor America Days Parade)!

Name of child: \_\_\_\_\_

- Youth Small                      Adult Small
- Youth Medium                    Adult Medium
- Youth Large                      Adult Large
- Adult X-Large

**SWIM LESSONS**

Free swim lessons are provided by our Certified Water Safety Instructors and Water Front Director, twice a week at Tosti Pool located within the Pinti Field grounds. A swim level test is conducted for each registered participant to determine their overall level. Please check the appropriate selection below:

\_\_\_\_\_ I would like my child to take the swim level test and participate in Swim Lessons

\_\_\_\_\_ I do not want my child to participate in the Swim Lessons program

JACQUELINE M. IZZO  
Mayor



## DEPARTMENT OF PARKS & RECREATION

ROME CITY HALL, 198 N. WASHINGTON STREET

ROME, NEW YORK 13440-5815

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### SUNSCREEN POLICY

Parents understand that it is their sole responsibility to ensure that sunscreen is supplied for their child each day and to monitor supplies to ensure that the child(ren) has an adequate amount of sunscreen to be applied daily. Parents also understand that it is their responsibility to teach their child(ren) how to properly apply sunscreen to themselves, as the Drop-in Staff will NOT apply any sunscreen this season; it will be the camper's responsibility.

In the event sunscreen is NOT sent with the child or if the supply of sunscreen runs out, staff will NOT apply sunscreen to your child. Campers will not be able to participate in open swim or swim lessons without the application of sunscreen.

Parents are encouraged to discuss the sunscreen policy- and any questions they may have regarding the importance of sunscreen or the program's policy- with staff at their convenience.

Sunscreen can provide important protection for your child. In fact, the American Academy of Dermatology recommends that everyone use sunscreens that offer the following protections:

- Broad-spectrum protection (protects against UVA and UVB rays)
- Sun Protection Factor (SPF) 30 or greater
- Water resistance

\_\_\_\_\_ I have read the above sunscreen policy and will ensure that my child knows how to apply and can apply his/her own sunscreen. I will send in sunscreen each day clearly labeled with his/her name on it for he/she to apply.

\_\_\_\_\_  
(Name of Child)

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

JACQUELINE M. IZZO  
Mayor



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**INSECT REPELLENT POLICY**

Section 1. Section 1394 of the New York State Public Health Law concerning Insect Repellent has been amended.

Parents and/or Guardians,

Each child's NY State summer day camp is now allowing children attending such camp to carry and use insect repellent with written permission from a parent or guardian. A child who is unable to physically apply insect repellent may be assisted by unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian, and authorized by the camp. A record of all permissions shall be maintained within the drop-in campers binder located on-site.

\_\_\_\_\_ I have read the Insect Repellent Policy and will provide insect repellent to my child clearly labeled with his or her name on it. I give permission to my child to carry and use insect repellent.

\_\_\_\_\_ I have read the Insect Repellent Policy and will provide insect repellent to my child clearly labeled with his or her name on it. My child is unable to physically apply the insect repellent and I give permission to the day camp personnel to apply the insect repellent when directed to do so by my child.

\_\_\_\_\_ I have read the Insect Repellent Policy and do not permit mu child to carry or apply insect repellent. I also do not permit unlicensed personnel to apply insect repellent to my child

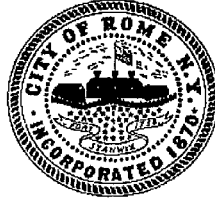
Campers Name (Print) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Sign: \_\_\_\_\_

Date: \_\_\_\_\_

JACQUELINE M. IZZO  
Mayor



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## **DROP IN PROGRAM PAYMENT SHEET**

The Drop-in Program will begin on Monday, June 24, 2019 and end on Friday, August 16, 2019. The program will be closed on Tuesday, June 25 for voting and Thursday, July 4, to observe the Independence Day holiday. Full-payment must be received by Friday, June 21 before your child(ren) can start and attend the program; no exceptions. Please make checks payable to: City of Rome

Child's name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact number: \_\_\_\_\_

### **Summer Drop-in Program – 2019 -- Pricing**

**Rome Residents: \$550**

**Non-Rome Residents: \$650**

*\*Please note: This rate does not include field trips. Field trips will be billed separately and participants will have the option to attend field trips or remain behind at Pinti Field.*

### **Please check (below) the payment method that you are selecting:**

\_\_\_\_\_ I am paying in full at program registration.

\_\_\_\_\_ I am paying 50% (\$275 Rome residents; \$325 for non-residents) at registration and will pay the additional 50% prior to the Friday, June 21<sup>st</sup> deadline.