



HALLOWEEN PUMPKIN DECORATING AND PIZZA PARTY

For children up to age 12
Limited to Brunswick residents only
FEE: \$10 For One Child and Their Guardian
\$5 For Each Additional participant
Friday, October 23rd on the Lower Mall

THREE 45 MINUTE SESSIONS:
4:30PM – 5:30PM – 6:30PM

Come celebrate the Halloween season by decorating a pumpkin and enjoying some pizza with the Parks and Rec Department! This program will give kids a chance to decorate their very own 6" pumpkin and participants will then be able to take their pumpkin home for families and neighbors to enjoy. Pumpkins as well as all decorating materials will be supplied. Water and pizza will be available for all participants too! Whether you choose to make your pumpkin spooky or cute you'll be able to show off your creativity with this festive fall program!

Max 50 people per session

Tables will be spaced 6ft apart and masks must be worn if 5+ years old

Proper food safety precautions will be taken

DECORATIVE KITS INCLUDE:

- UNICORN**
- SHARK**
- MERMAID**
- DINOSAUR**
- MONSTER**
- NINJA**
- GOOFY WITCH**
- SCARECROW**

**Pumpkins and Pizza
Generously Donated by**



And



The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656. To view our refund policy, see our current program offerings or register online, visit us online at www.brunswickme.org/parks-recreation

Brunswick Parks and Recreation Dept.
Halloween Pumpkin Decorating and Pizza

Fee: \$10 Brunswick Residents Only
\$5 Each additional participant

For Office Use
Date _____
228001
Computer <input type="checkbox"/>

Preferred Session: 4:30 5:30 6:30

Please Print

#1 Name: _____ Age _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____
Home Phone # _____ Work Phone # _____ Email _____

#2 Name: _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____

#3 Name: _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____

#4 Name: _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____

#5 Name: _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____

#6 Name: _____
Date of Birth _____ Grade, Fall 2020 _____ Female Male
Street Address _____ School _____

As a parent/ guardian, I give my child permission to participate in the Brunswick Parks and Recreation Department Halloween Pumpkin Decorating program. I understand that photographs taken of Parks and Recreation Programs may be used by the Parks and Recreation Department for promoting programs, classes or events to include brochures, posters or web page postings.

Signature of Parent/Guardian _____

Names of Parents/Guardians _____ (PLEASE PRINT)

Please return with fee to the Recreation Center220 Neptune Drive., by **Oct. 21**. Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m.

**TOWN OF BRUNSWICK
PARKS & RECREATION 2020 SUMMER YOUTH PROGRAM
TEMPERATURE SCREENING PROCEDURES
DURING COVID-19 PANDEMIC**

The following procedures have been adopted by the Town of Brunswick to ensure the safety of children participating in a Parks & Recreation 2020 summer youth programs during the COVID-19 pandemic. These procedures are in effect through August 31, 2020.

1. All children wishing to participate in a Parks & Recreation 2020 summer youth program must undergo a daily health screening before admittance.
2. Parents/guardians must sign an authorization/waiver allowing health screenings. The authorization will specify that it is good for the entire summer, but permission is revocable by the parent at any time. See Attachment 1, Authorization/Waiver.
3. Parents/guardians shall provide a telephone number where the parent/guardian can be reached that day.
4. The health screening area shall be outside of the building or in the foyer or an area where a summer youth program will be held, such that it is separate from children who have already passed the screening.
 - a. The location will be in a vehicle curbside or can/will be partitioned off so that others need not walk within six feet of the screening area.
 - b. People waiting to have screenings must be spread out to maintain six-foot separation. Adults driving children to camp must stay in their vehicle. Children walking to camp must maintain six feet distance until it is their turn for the morning health screening.
 - c. A physical barrier such as a clear partition or face shield will be placed between staff and the arriving children and parents.
5. A Town of Brunswick employee trained in using the equipment will conduct the screenings.
 - a. The Tester shall be screened daily before administering any screenings of summer youth program participants.
 - b. The Tester shall wash hands or use sanitizer before donning protective equipment.
 - c. The Tester shall avoid physical contact if possible.

6. Health screenings will be conducted using a no-contact infrared thermometer unit. If the infrared thermometer is not working, an alternative thermometer such as oral or contact forehead thermometer may be used.
 - a. If a no-contact thermometer unit is used, the tester shall wear gloves and ensure that the tester's face remains behind a face shield at all times. The tester may also wear a smock. Gloves shall be changed if they physically touch the child during the health screening.
 - b. If a forehead thermometer unit is used, the tester shall wear a facemask and gloves while taking readings.
 - c. The tester shall follow any manufacturer's directions specific to the thermometer unit.
 - d. The Tester shall ensure that children being screened are calm and have not recently been engaged in activity that would artificially impact the reading, such as prolonged standing in the sun, running around, or wearing heavy clothing. Note that using facial cleaning products before a reading may artificially reduce temperature. If necessary, the Tester should have a child sit quietly in the shade until the child is calm and breathing at a normal rate.
 - e. The Tester shall ask the parent/guardian:
 - i. if the child has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - ii. if any other person residing in the household has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - iii. if the child has had any medication to reduce fever in the past six (6) hours;
 - iv. if the child has been in close proximity with anyone suspected of having or confirmed as having COVID-19 in the past fourteen (14) days.
 - f. The Tester shall make a visual inspection of the child for signs of illness (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness).
 - g. Readings shall be taken on an unobstructed area of the child's forehead. The test area must be clean and dry.
 - h. The unit should be held perpendicular to the forehead. Check the unit for the required distance between the subject and the unit.

7. Reading temperatures:

- a. A reading of 100.4°F or below is considered normal and constitutes a passing reading and the child may be admitted to a summer youth program.
 - b. If a reading is above 100.4°F, the parent/guardian shall be notified of the failing reading and neither the child, parent, nor any sibling may enter that summer youth program that day.
 - c. If the parent/guardian indicates that the child has not had a fever (a reading over 100.4 ° F) within the past 24-hours, neither the child, parent, nor may any sibling enter summer youth program that day.
 - d. If the parent/guardian denies symptoms but the child appears ill (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness), the child may not be admitted that day but siblings that pass the health screening may be admitted to summer youth program.
8. If a child passes the health screening but later seems ill, the child shall be isolated from the other children and rescreened.
- a. If the child does not pass the temperature screening, the parent/guardian shall be required to pick up the child. Also, the parents/guardians of the children in the group that that child is a part of will be called and have pick up their children for the day.
 - b. If the child passes the temperature screening, whether to require the parent to pick up the child will be in the Director's discretion and the decision will be made on a case by case basis.

If a child does not pass a health screening because of fever, whether initial or one done later in the day in response to the child not feeling well, the child and any siblings will not be allowed to return to a summer youth program until the child showing symptoms has subsided and for at least 72 hours.

Attachment 1
Town of Brunswick
Parks & Recreation 2020 Summer Youth program
COVID-19 Authorization/Waiver

I, _____ (print name of parent/guardian), the parent or legal guardian of the participating child indicated below (the "Child") hereby state that I understand and agree to the following:

1. The Child's participation in a 2020 Summer youth program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR'S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the Program, I hereby grant permission to the Town of Brunswick to perform a health screening, including taking the temperature of the Child, for the purpose of screening the Child for illness, including but not limited to COVID-19. This permission allows screening on a daily basis and extends to retesting the Child later in the day when I am not present in the event that Child appears ill. I understand that readings and health screening answers will be recorded. I specifically agree to the Temperature Screening Procedures provided to me by the Brunswick Recreation Department.
3. I give my consent for the Brunswick Recreation Department Director to act in my place in all respects should the need arise during the course of the Program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I, for myself and my Child, voluntarily assume the risks associated with participation. Further, I hereby waive and release, for myself and my Child all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. This Authorization is valid through August 31, 2020. I understand that if I revoke this Authorization or any part thereof, the Child will no longer be able to participate in the Program.

Date

Parent/guardian signature

Printed name of participating Child

Attachment 1
Town of Brunswick
Parks & Recreation 2020-21 Adult Program
COVID-19 Authorization/Waiver

I, _____ (print name), hereby state that I understand and agree to the following:

1. My participation in a 2020-2021 Adult or Family program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR'S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the program(s), I will always do a self-health screening before arriving or participating in any adult/family program and will not participate if feeling ill. I also give permission to Brunswick Parks & Recreation staff permission to administer a temperature check if needed.
3. I give my consent for the Brunswick Recreation Department Director or Deputy Director to act in my place in all respects should the need arise during the course of the program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I voluntarily assume the risks associated with participation. Further, I hereby waive and release all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. This Authorization is valid through June 30, 2021. I understand that if I revoke this Authorization or any part thereof I will no longer be able to participate in the Program.

Date

Printed Name

Signature