



**FIN & FEATHER SPORTS  
YOUTH OUTDOOR ADVENTURE PROGRAMS  
HOPEDALE REGISTRATION FORM**

**2 - 3 - 4 Day Clinics**

circle one: **Summer Winter Spring**

Childs Names(S) up to 3 on the same form if the same family

- 1.) \_\_\_\_\_ AGE/DOB \_\_\_\_\_
- 2.) \_\_\_\_\_ AGE/DOB \_\_\_\_\_
- 3.) \_\_\_\_\_ AGE/DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email for information to be sent to \_\_\_\_\_ @ \_\_\_\_\_

Allergies & Notes \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact person(s) \_\_\_\_\_

Ph # \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

**Session(s) Registering for** \_\_\_\_\_

Outdoor Adventure apparel and accessories

Water bottles plastic sports top	\$7.50	Drawstring bag/backpack	\$20
T-shirts available \$16 Sizes in Youth 6/8, 10/12, 14/16 and Adult Sm, Med, Lg, XL			
Hoodies available in select sizes \$29 * call for size update		Ball Caps (Blue)	\$9.95

**Mail Both Registration and Waiver pages to: Fin & Feather Sports % Clinics PO BOX 314 Upton, MA 01568-0314 \*\*\* We must have both pages to Register in to program. PAGE 1 of 2**

**2023 Summer Hopedale Clinics available**  
 Located at Hopedale Pond, 4 Hopedale St. Hopedale, MA

Session # and Dates of clinics	Days & Times	Fee
#H1-4 4 Days July 10, 11, 17 & 18	Mon & Tues 9 AM - 2 PM	4 day Clinic \$344 P.P.
#H2-3 3 Days July 17, 18 & 19	Mon - Weds 9 AM - 2 PM	3 day Clinic \$269 P.P.
#H3-2 2 Days July 31 & Aug 1	Mon & Tues 9 AM - 2 PM	2 day Clinic \$184 P.P.
#H4-3 3 Days Aug 7, 8 & 9	Mon - Weds 9 AM - 2 PM	3 day Clinic \$269 P.P.
#H5-2 2 Days Aug 21 & 22	Mon - Tues 9 AM - 2 PM	2 day Clinic \$184 P.P.

**Drop Off starts at 8:45 am Pick up is 2 pm \*late Pick Up fee applies**

<b>Early Bird Discount for all sessions. Save \$5 If payment is received by June 3rd</b>	<b>Multi clinic Discount \$5 Off campers 2nd or 3rd clinic when registering at same time.</b>	
<b>Total Clinics</b>	<b>Total Fees Due</b>	

**Payment accepted: CASH, CHECK, CREDIT/DEBIT CARDS (add 4%), VENMO (add 1.9%)**

Office use Paid Date _____ / _____ / _____ Staff _____
Cash _____ C/C _____ Venmo _____ Check# _____

**FIN & FEATHER SPORTS- OUTDOOR ADVENTURE PROGRAM RELEASE & MEDICAL CONSENT**

**Please read, initial and sign at the end**

**Multiple town clinic**, I, the parent/guardian of the person named on this form, a minor ("the registrant"), agree that I and the registrant will abide by the rules and the policies of the Grafton, Hopedale or Westborough Parks & Recreation Commission and its programs, including generally accepted standards of conduct, and understand that failure to adhere to such rules, policies, and standards, may result in being expelled from the program without a refund.

\_\_\_\_\_ parent/guardian initials

I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the program. Accordingly, in consideration for accepting the registrant for participation in the program, on behalf of myself and the registrant, I hereby release, discharge, hold harmless, and indemnify the Towns of Grafton, Westboro, and Hopedale, Grafton Lions Club, Grafton.Parks Commission, Westboro Parks Commission, Hopedale Parks Commission, Fin & Feather Sports of Upton, Inc., their affiliated organizations and sponsors and respective officers, directors, employees, coaches. Committees, and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the program(s). Of and from any claims, demands, actions, causes of action, suits, and liability arising as a result of the registrant's participation in the program(s).

\_\_\_\_\_ parent/guardian initials

**CONSENT FOR MEDICAL TREATMENT OF A MINOR.** As the parent or legal guardian of the minor named on this form, I give my consent to seek, obtain, and provide emergency medical treatment for such a minor in case of injury that occurs while participating in Hopedale, Westboro, and Grafton Parks Commission programs and related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minors. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

I also understand Fin & Feather and/or the press may take photos of program(s) and use the photos for publicity, advertising or on social media.

X \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of parent/legal guardian