



Route 140 Upton, MA - (508) 529-3901

**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

T-shirts available Sizes in Youth 6/8, 10/12, 14/16 and Adult Sm, Med, Lg, XL			\$18
Water bottles plastic sports top	\$7.50	Drawstring bag/backpack	\$20
Hoodies available *call for size update	\$29	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.**

2024 Summer Hopedale Clinics available

Located at Hopedale Pond, 4 Hopedale St. Hopedale, MA

if after

Session # and Dates of clinics

Days & Times

If Paid before June 15th

6/16/24

#H1-3 3 Days July 8, 9 & 10	Mon - Weds 9 AM - 2 PM	3 day Clinic \$272 P.P.	\$277
#H2-4 4 Days July 15,16 & 29, 30	Mon & Tues 9 AM - 2 PM	4 day Clinic \$355 P.P.	\$360
#H3-3 3 Days Aug 5,6 & 7	Mon - Weds 9 AM - 2 PM	3 day Clinic \$272 P.P.	\$277
#H4-2 2 Days Aug 19 & 20	Mon & Tues 9 AM - 2 PM	2 day Clinic \$185 P.P.	\$190
#H5-2 2 Days July 15 & 16	Mon & Tues 9 AM - 2 PM	2 day Clinic \$185 P.P.	\$190
#H6-2 2 Days July 29 & 30	Mon & Tues 9 AM - 2 PM	2 day Clinic \$185 P.P.	\$190

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

Early Bird Discount for all sessions. Save \$5 If payment is received by June 15th ** SEE CHART	Multi clinic Discount \$5 Off campers 2nd or 3rd clinic when registering at same time.	Sibling Discount \$5 Off your 2nd or 3rd child when signing up for the SAME session
Total Clinics	Total Fees Due	

Payment accepted: CASH, CHECK, CREDIT/DEBIT CARDS (add 4%), VENMO (add 2.6%)

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