

**NOW 5 DAYS!**  
**New drop off**  
**time 8:30 am**



**Outdoor Adventure Program**  
**2017 HOPEDALE REGISTRATION FORM**

Summer Session(s) # \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Home ph.# \_\_\_\_\_ Parents Names \_\_\_\_\_

Cell ph.# \_\_\_\_\_ Email \_\_\_\_\_

Email is required for communications before Camp

Emergency contact Name \_\_\_\_\_ Emergency Ph.# \_\_\_\_\_

Names of people authorized to pick up child \_\_\_\_\_

Allergies/Notes \_\_\_\_\_

**Location of Hopedale Clinics: Hopedale Pond & Parklands - 4 Hopedale St Hopedale, MA**

<b>5 Day Sessions 8:30 am – 2 pm</b>	<b>Fee</b>	<b>Total</b>	<b>2 Day Sessions 8:30 am – 2 pm</b>	<b>Fee</b>	<b>Total</b>
Session H1 - 5 Day July 10-14	\$285		Session H1 M T W TH F	\$140	
Session H2 - 5 Day July 24-28	\$285		Session H2 M T W TH F	\$140	
Session H3 - 5 Day July 31-Aug 4	\$285		Session H3 M T W TH F	\$140	
Session H4 - 5 Day August 21-25	\$285		Session H4 M T W TH F	\$140	
Session HA1 - 5 Day July 24-28..... High Adventures (age 12+) \$285 Optional paintball field trip \$38			Session ___ – 3 Days List:	\$200	
<b>4 Day Sessions 8:30 am – 2 pm</b>	<b>Fee</b>		<b>Outdoor Adventures</b>	<b>Apparel</b>	
Session H1 - 4 Day July 10-13	\$230		T-shirts	\$12. each	
Session H2 – 4 Day July 24-27	\$230		Hoodie Sweatshirts	\$28	
Session H3 – 4 Day July 31-Aug 3	\$230		Ball Caps	\$5	
Session H4 – 4 Day August 21-24	\$230				
Session HA1 - 4 Day July 24-27..... High Adventures (age 12+) \$230 Optional paintball field trip \$38					
<b>Extended Day (after care)</b>	<b>\$7 hour</b>		<b>Early Bird Discount-\$10 p.p. by June 1st</b>		
Qty. ___ x \$7 per hour (5 hrs. or less)			Credit card payment at shop service fee \$3.95		
Discounted ___ X \$6 per hour (6 hrs. or more)			<b>Total Due</b>	<b>=</b>	<b>.</b>

List of Extended Days requested:

**Extended Day is offered with a 4 person daily requirement at \$7 per hour per person.**  
**Times offered: 2 pm – 3 pm or 2 pm – 4 pm. Please email us for details and options at [fin.feather@verizon.net](mailto:fin.feather@verizon.net)!**  
**Offering a variety of activities like; archery, fishing, hiking, sports and more during the week!**

**Order Outdoor Adventure apparel now and receive them at camp.**

**Please circle sizes needed below**

**T-shirt \$12 Sizes: Youth: Sm 6/8 Med 10/12 or Lg. 14/16 Adult sizes: Small Med Lg. XL**  
**Sweatshirts \$28 Sizes: Youth Lg. 14/16 Adult Small Med, Lg. XL**

**Sorry No Refunds! The Clinic will be held rain, or shine.**

x \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Parent Signature

Make all checks payable to: "FIN AND FEATHER SPORTS" Mail to: PO BOX 314 Upton, MA 01568  
Ph. 508-529-3901

It is important to list your current email address, **You will receive a *Welcome email* with a check list and more information prior to the week chosen, we look forward to meeting you.**

**Registration total \$ \_\_\_\_\_ + Shirt(s) total \$ \_\_\_\_\_ = Registration Total Due \$ \_\_\_\_\_**

[Office use/ payment received on:] Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ Paid \$ \_\_\_\_\_ By \_\_\_\_\_

**Fin & Feather Sports ~ Outdoor Adventure Program RELEASE AND MEDICAL CONSENT**

Please read, initial and sign at the bottom

**Hopedale 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 policies of the Hopedale Parks Rec. 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 expulsion 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 Hopedale and the 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 minor in case of injury that occurs while participating in Hopedale 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 minor. 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 press may take photos of program and use the photos for publicity, advertising or on social media.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_

Signature of Parent/Legal Guardian

I have read and understood the Hopedale Parks & Recreation Department policies Find on town websites.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_

Signature of Parent/Legal Guardian