

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



2018
Hopedale
Pond

Outdoor Adventure Program
2018 HOPEDALE REGISTRATION FORM

Summer Session(s) # _____

Youth Name _____ Date of birth _____ Age _____

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

Extended Day is offered with a 4 person daily requirement at \$7 per hour per person.

Times offered: 8 am – 8:30 am, 2 pm – 3 pm or 2 pm – 4 pm. Please use Extended day form fill out completely and return with registration. You may email us with any questions at fin.feather@verizon.net! At Extended day we offer a variety of activities like: archery, fishing, hiking, sports and more during the week!

Outdoor Adventure Apparel Order now and receive them at camp.

Please circle sizes of choice below

T-shirt \$15 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

Ball Caps \$6 (1 size fits all)

Hoodies \$32 Size _____ (see sizes above)

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.**

Session List and rates

5 Day Sessions 8:30 am – 2 pm	Fee	Total	3 Day Sessions 8:30 am – 2 pm	Fee	Total
Session H1 - 5 Day July 16 - 20	\$285		Session H1 M T W TH F	\$200	
Session H2 - 5 Day July 30- Aug 3	\$285		Session H2 M T W TH F	\$200	
Session H3 - 5 Day Aug 6 - 10	\$285		Session H3 M T W TH F	\$200	
Session H4 - 5 Day August 20-24	\$285		Session H4 M T W TH F	\$200	
Session HA1 - 5 Day July 30-Aug 3					
High Adventures (age 12+) \$285					
Optional paintball field trip add \$38					
4 Day Sessions 8:30 am – 2 pm	Fee		2 Day session 8:30 am – 2 pm (circle days)		
Session H1 - 4 Day July 16 - 19	\$230		Session H1 M T W TH F	\$140	
Session H2 – 4 Day July 30 - Aug 2	\$230		Session H2 M T W TH F	\$140	
Session H3 – 4 Day Aug 6 - 9	\$230		Session H3 M T W TH F	\$140	
Session H4 – 4 Day August 20 - 23	\$230		Session H4 M T W TH F	\$140	
Session HA1 - 4 Day July 20- Aug 2.....			<u>Apparel</u>		
High Adventures (age 12+) \$230			T-Shirts \$15 each		
Optional paintball field trip add \$38			Ball Cap \$6		
			Hoodie Sweatshirts \$32		
<u>Extended Day (before/after care) Total Due</u>			<u>Discounts available if register by June 1st</u>		
			Early Bird Discount -\$10 p.p. by June 1 st		
			Multiple Sibling Discount -\$5 per child		
Please fill out Extended form on page 3			Credit card payment at shop service fee \$3.95		
			Total Due =		

Registration \$ _____ + Early/Extended care \$ _____ + Apparel \$ _____ = Registration Total Due \$ _____
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[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

Fin & Feather Sports ~ Outdoor Adventure Program

EXTENDED DAY REGISTRATION FORM

What session are registering for? _____

Dates requested _____

Youth Name _____ Age _____

Youth Name _____ Age _____

Youth Name _____ Age _____

Address _____

City State & Zip _____

Home ph.# _____ Cell ph.# _____

Parents' Names _____

Email _____ @ _____

The Clinic will be held rain or shine. Note: \$40 service fee will be charged for all returned checks.

Location (circle) Grafton Hopedale

Days and Times available.

Day of week	Early care 8 am-8:30 am	Ext. 2 pm – 3 pm	Ext. 3 pm – 4 pm	Total hours for day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Totals				

Summer Special Rates:

6 Hours or Under per child Rate: \$7.00 Per person. Per hour

7 Hours or More per child Rate: \$6.00 Per person Per hour

(Please right in the correct rate in the space below and multiply to figure your total due)

Hours = _____ x Child count _____ = Total hours _____ x Hourly rate \$ _____ = Total Due \$ _____.

Notes _____

x _____ DATE _____ / _____ /20____ Parent
Signature

Make all checks payable to: "FIN & FEATHER SPORTS"

Please fill out completely and enclose payment then Mail to:

Fin & Feather Sports C/O Clinics PO BOX 314 Upton, MA 015680-314 Phone 508-529-3901

EMAIL fin.feather@verizon.net

Office Use Date _____ paid \$ _____ By _____