

**Summer 2017  
NOW 5 DAYS!  
Starting time is  
now at 8:30 am**



**Fin & Feather Sports ~ Outdoor Adventure Program**  
SPRING REGISTRATION FORM

Spring Session April 18 - 21

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

<b>4 Day Spring Session Tuesday – Friday</b>		<b>Fee</b>	<b>Total</b>	<b>1 Day Sessions</b>		<b>Fee</b>	<b>Total</b>
<b>Spring Clinic 4 Day April 18-21</b>				<b>Spring 1 Day April Regular Day</b>		<b>\$65</b>	
<b>Regular Day 8:30 am - 2 pm</b>		<b>\$225</b>					
<b>Extended Day 8:30 am - 3 pm</b>		<b>\$257</b>					
<b>Early Day 8 am - 3 pm</b>		<b>\$273</b>					
<b>3 Day Spring Session Tuesday – Friday</b>		<b>Fee</b>		<b>Outdoor Adventures Apparel</b>			
<b>Regular Day 8:30 am - 2 pm</b>		<b>\$185</b>		<b>T-shirts</b>		<b>\$12 each</b>	
				<b>Hoodie Sweatshirts “Navy Blue”</b>		<b>\$28</b>	
<b>Extended Day (early care) 8–8:30 am</b>	<b>\$4 per day</b>			<b>Ball Caps “Royal Blue”</b>		<b>\$5</b>	
<b>Extended Day (after care) 2 pm – 3 pm</b>	<b>\$8 hour</b>						
				<b>Sibling Discount</b>			
				<b>Pay 1<sup>st</sup> at full price 2<sup>nd</sup> or 3<sup>rd</sup></b>		<b>-\$10 off</b>	
				<b>Total Due =</b>			<b>.</b>

**Extended Day** is offered at \$4 per day for early care 8 am – 8:30 am and \$8 per hr. for 2 pm – 3 pm.  
A minimum of 4 campers are required daily.  
Please Email us to sign up and for options and more details [fin.feather@verizon.net](mailto:fin.feather@verizon.net)

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

Please circle sizes needed below Additional T-Shirts \$12 each

**T-shirt sizes: Youth: Sm 6/8 med 10/12 or Lg 14/16 Adult sizes: Sm Med Lg XL**  
**Hoodie Sweat Shirts \$28 Sizes: Youth Med 10/12, Yth Lg 14/16, Adult Sm, Adult Med, Adult Lg**

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

x \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Parent Signature

Make all checks payable to: FIN & FEATHER SPORTS Mail to: P.O. BOX 314 Upton, MA 01568 (508) 529-3901  
You will receive a welcome email with a check list a week 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 FORM**  
**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.

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