



Ashland Recreation Department

in association with with **Thundercat Sports**
presents summer programs 2010!



PROGRAM	DATES	TIME	AGE	LOCATION	ADDRESS	FEES
<input type="checkbox"/> Sports Jam*	6/28 - 7/2	9:00a - 3:00p	7 - 10	Stone Park	Summer St	\$158
<input type="checkbox"/> Sports Jam*	7/6 - 7/9	9a - 12p or 3p	7 - 10	Stone Park	Summer St	\$105/\$130
<input type="checkbox"/> Kiddie Cat Jam*	7/6 - 7/9	9:00a - 12:00p	4 - 6	Stone Park	Summer St	\$105
<input type="checkbox"/> Soccer	7/13 - 7/17	9a - 12p or 3p	7 - 12	Stone Park	Summer St	\$128/\$158
<input type="checkbox"/> Flag Football	8/23 - 8/27	9a - 12p or 3p	7 - 10	Stone Park	Summer St	\$128/\$158

NON RESIDENTS ADD \$10 PER PROGRAM.

PLEASE NOTE - in order to register you must go to www.thundercatsports.com (select link for Health/Medical form to the left) print out a health form and follow directions. Submit all forms to Ashland Recreation together.

* Sports Jam & Kiddie Cat Jam are multi-sport programs including baseball, basketball, soccer, and more! For more information please go to www.thundercatsports.com

Child's First Name: _____ Child's Last Name: _____

DOB: ___/___/___ Gender: M/F Parent/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ E-mail: _____

Emergency Contact: _____ Phone: (____) _____ - _____

Does Participant have any special medical needs? _____

Release of liability, medical consent, and injury waiver: In consideration of his/her participation in this recreation program, the undersigned hereby releases the town of Ashland and Ashland Recreation Department, Thundercat Sports, and their officers, agents, employees, and volunteers from any liability for, and waives all claims, suits or causes for action based on or arising from any injury suffered or incurred by the undersigned as a result of or in conjunction with his/her participation in said recreation program. Such waiver and release to be in effect without regard to whether such injury is the result of or caused by the fault of the town of Ashland and Ashland Recreation Department, Thundercat Sports or any of their officers, agents, employees, or volunteers. This instrument is intended to take effect as a sealed instrument. I further certify that my child's immunizations are up to date, and is medically fit to participate in the above recreation program. I authorize program instructors to obtain medical treatment for my child. In absence of a signature payment of fees shall constitute acceptance of conditions of this release. Thundercat Sports will not provide health or accident insurance for participants. I consent that any pictures taken during this program are property of Thundercat Sports and can be used for promotional purposes.

SIGNATURE _____ DATE _____

REGISTRATION: Check included (made out to Ashland Recreation) Please charge my credit card ___ Visa ___ MasterCard

Card Number _____ Exp Date _____ / _____

Health/medical form, Immunizations, and proof of physical within last 2 years

Mail or walk in registration: Ashland Recreation Department: 162 W. Union St; Ashland, MA 01721

Fax registration (credit card only): 508-231-1501

For more info call Ashland Recreation: 508-881-0105 x13

Online: <http://www.ashlandmass.com/recreation>

This camp must comply with regulations of the MA Department of Public Health and be licensed by the local board of health.

SKILLS, SPORTSMANSHIP, TEAMWORK, FUN!