



# Carlisle Recreation

2010 summer programs in association with



PROGRAM (circle choices)	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
Baseball	7/12 - 7/16	9a - 3p	7 - 12	Spalding Field	Church St	\$165
Flag Football	7/19 - 7/23	9a - 3p	7 - 12	Spalding Field	Church St	\$165
Sports Jam *	8/16 - 8/20	9a - 3p	7 - 12	Spalding Field	Church St	\$165
Kiddie Cat Jam *	8/16 - 8/20	9a - 12p	4 - 6	Spalding Field	Church St	\$125

\* Baseball, basketball, soccer, & more. All programs coed. More information at [www.thundercatsports.com](http://www.thundercatsports.com).

**PLEASE NOTE - in order to register you must also include immunizations of participant, and proof of physical within the last 2 years.**

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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is there any other health related information that should be shared with staff members \_\_\_\_\_

**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 Carlisle and Carlisle 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 Carlisle and Carlisle 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 **Town of Carlisle**)

Please charge my credit card \_\_\_ Visa \_\_\_ MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

DO NOT FORGET **Immunizations, and proof of physical** within last 2 years

**Mail:** Carlisle Recreation Department: 66 Westford Rd; Carlisle, MA 01741 **Phone:** 978-369-9815 **Fax:** 978-371-6686

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