

Lynnfield Community Schools

2010 summer programs in association with



PROGRAM (circle choices)	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
Kiddie Cat Jam*	7/12 - 7/16	9:00a - 12:00p	4 - 6	Lynnfield HS	275 Essex St	\$120
Kiddie Cat Jam*	7/12 - 7/16	12:30p - 2:00p	3 - 4	Lynnfield HS	275 Essex St	\$75
Kiddie Cat Jam*	8/2 - 8/6	9:00a - 12:00p	4 - 6	Lynnfield HS	275 Essex St	\$120
Sports Jam*	8/2 - 8/6	9:00a - 3:00p	7 - 9	Lynnfield HS	275 Essex St	\$150
Soccer and Games Galore	8/9 - 8/13	9:00a - 3:00p	7 - 11	Lynnfield HS	275 Essex St	\$150

* Baseball, basketball, soccer, & more. All programs coed. More information at www.thundercatsports.com.

PLEASE NOTE - in order to register you must also submit current immunizations of participant and proof of physical within the last 2 years. All paperwork goes to Lynnfield Community Schools.

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: (____) _____ - _____

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 Lynnfield and Lynnfield Community Schools, 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 Lynnfield and Lynnfield Community Schools, 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 (made out to Lynnfield Community Schools) Please charge my credit card ___ Visa ___ MasterCard

Card Number _____ Exp. Date ____/____/____

DO NOT FORGET TO INCLUDE COPIES OF IMMUNIZATIONS AND PROOF OF PHYSICAL WITHIN THE LAST 2 YEARS.

Mail: Lynnfield Community Schools: 275 Essex St; Lynnfield, MA 01940 **Phone:** 781-334-5814

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!