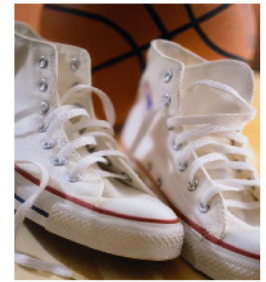




# Marlborough Recreation

summer programs in association with



PROGRAM (circle choices)	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
Sports Jam*	7/6 - 7/9 (4 days)	9a - 3p	7 - 12	Ghiloni Park	239 Concord Rd	\$105
Sports Jam*	7/19 - 7/23	9a - 3p	7 - 12	Ghiloni Park	239 Concord Rd	\$125
Kiddie Cat Jam*	7/19 - 7/23	9a - 12p	4 - 6	Ghiloni Park	239 Concord Rd	\$100
Soccer	7/26 - 7/30	9a - 3p	6 - 12	Ghiloni Park	239 Concord Rd	\$125
Flag Football	8/2 - 8/6	9a - 3p	6 - 12	Ghiloni Park	239 Concord Rd	\$125
Kiddie Cat Jam*	8/2 - 8/6	9a - 12p	4 - 6	Ghiloni Park	239 Concord Rd	\$100
Baseball	8/9 - 8/13	9a - 3p	6 - 12	Ghiloni Park	239 Concord Rd	\$125

\* Baseball, basketball, soccer, & more. All programs coed. **Register/pay online at**  
**www.thundercatsports.com/Marlborough\_2010**

**PLEASE NOTE - in order to register you must also submit current immunizations of participant and proof of physical within the last 2 years. Please send all paperwork to Marlborough Recreation.**

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 Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Describe any health issues that may restrict participant: \_\_\_\_\_

**Release of liability, medical consent, and injury waiver:**

In consideration of his/her participation in this recreation program, the undersigned hereby releases the city of Marlborough and Marlborough 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 city of Marlborough and Marlborough 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 City of Marlborough)  Immunizations and proof of physical within last 2 years

**Mail:** Marlborough Recreation Department: 239 Concord Rd; Marlborough, MA 01752 **Phone:** 508-624-6925

**Online:** www.thundercatsports.com/Marlborough\_2010