

# Sharon Recreation summer sports programs in association with



| PROGRAM (circle choices) | DATES       | TIME     | AGES   | LOCATION     | ADDRESS | PRICE |
|--------------------------|-------------|----------|--------|--------------|---------|-------|
| Sports Jam*              | 8/16 - 8/20 | 9a - 3p  | 7 - 12 | Ames St Park | Ames St | \$160 |
| Kiddie Cat Jam*          | 8/16 - 8/20 | 9a - 12p | 4 - 6  | Ames St Park | Ames St | \$110 |
| Sports Jam*              | 8/23 - 8/27 | 9a - 3p  | 7 - 12 | Ames St Park | Ames St | \$160 |
| Kiddie Cat Jam*          | 8/23 - 8/27 | 9a - 12p | 4 - 6  | Ames St Park | Ames St | \$110 |

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

Non residents add \$60 per program.

**\*\*PLEASE NOTE - in order to register you must also include immunizations of participant, and proof of physical within the last 2 years. Please send all paperwork to Sharon 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: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Medical/Health Insurance-list carrier and policy or group#: \_\_\_\_\_

Describe any health issues/allergies/illness 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 town of Sharon and Sharon 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 Sharon and Sharon 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 Sharon**)  **Immunizations and proof of physical** within last 2 years

**Mail:** Sharon Recreation Department: 219 Massapoag Ave, Sharon, MA 02067 **Phone:** 781-784-1530 **Online:** [www.sharonrec.com](http://www.sharonrec.com)

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!**