Newton Parks & Recreation

April vacation programs in association with Thundercat Sports

PROGRAM	DATES	TIME	AGES	LOCATION	ADDRESS	PRICE
Sports Jam*	4/22 - 4/25	9a - 3p	6 - 12	Pellegrini Gym	11 Hawthorn St	$165

SINGLE DAY OPTION IS **$45/DAY**. PLEASE INDICATE WHICH DAY YOUR CHILD WILL ATTEND (Tuesday, Wednesday, Thursday, or Friday).* **Basketball, fl. hockey, soccer, dodgeball & more. All programs coed. More information at www.thundercatsports.com. Participants should bring snack and lunch. No nuts or nut related foods allowed.**

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: (____) _____-_____

Parental Consent Release From Liability and Indemnity for participation in the P&R/Thundercat Sports Clinics:

I/We, the undersigned father and mother, or guardian(s) of _____ a minor, do hereby consent to his/her participation in, the Newton Parks and Recreation Department and Thundercat Sports Clinics. I/We forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts and its successors, departments, officers, employees, servants and agent, of and from any and all actions, caused of action, claims, demands, damages, cost, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/We may now or hereafter have as the parent(s) of or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in the Thundercat Sports Clinics. FURTHERMORE, I/We hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of, or resulting from, injury to said minor in connection with his/her participation in the Thundercat Sports Clinic and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in the Thundercat Sports Clinic Program. THIS FORM MAY NOT BE ALTERED.

SIGNATURE OF PARENT OR GUARDIAN_____ DATE_____

REGISTRATION: ☐ Check included (made out to **city of Newton**) ☐ Please charge my credit card ___Visa ___MasterCard

Card Number ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp. Date ___ ___ / ___ ___

Online: **www.activityreg.com** (go to Newton Rec. Register for Activities - Rec Programs & Activitities - School Vacation - Thundercats February Vacation) **Mail/Walk in:** Newton Parks & Recreation: 124 Mt. Vernon St; Newton, MA 02458 **Phone:** 617-796-1500