



# Mashpee Recreation

CORN MAZE

## Sauchuk Farm

GAMES

PUMPKINS



HAY RIDES

COW TRAIN

### Friday, October 7th

CORN BOX

**Registration Fee: \$45**

**\*\*No Refunds\***

**THIS IS A MASHPEE RECREATION PROGRAM  
\*\*DO NOT RETURN REGISTRATIONS TO SCHOOLS\*\***

# October Vacation Club

**Grades: K-6**

**Location:** K.C. Coombs School

**Drop Off:** 7:30 am **Pick up:** 5:30 pm

**Children should bring a lunch, 2 snacks and bottled water**

**Bus Departs:** 11:30 am **Returns:** 4:30 pm

**To Register online:** [www.mashpeerec.com](http://www.mashpeerec.com)

**In Person:** The Recreation Department

**By Mail:** 520 Main Street

Mashpee, MA 02649

**\*\*PLEASE NOTE\*\*** The Mashpee Recreation Department is committed to providing a safe and accessible program for all children. Persons with limitations or conditions that require special accommodations are welcome to participate in all programs that are compatible with their interests and abilities. Every effort is and will be made to accommodate participants however, the availability of Mashpee Recreation's resources may limit one on one support or support for children whose needs cannot be met with our current 10:1 ratio. It is the responsibility of parents and guardians to notify us of any special needs and/or modifications that may be necessary for their child's safety, success, and well-being. Failure to notify the Mashpee Recreation Department could result in a child's suspension from participating in our offered programs.

**HOLD HARMLESS CLAUSE:** I, the undersigned parent/guardian or participant, do hereby consent to my/their participation in voluntary athletic, recreation, or community education programs of the Town/City, or Public School of Mashpee.

I also agree to forever release the Town/City of Mashpee, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation, or community education programs of the Town/City or Public Schools ("the Releases") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town or Public School of Mashpee voluntary athletic, recreation, or community education programs.

I also promise, to indemnify, defend, and hold harmless the Releases against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my participation, or my child's participation in the Town/City or Public School of Mashpee voluntary athletic, recreation, or community education programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation, or my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my participation, or my child's participation in the Town/City or Public School's athletic, recreation, or community education programs with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town/City or Public School athletic, recreation, or community education programs.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Shoe size \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Carrier: \_\_\_\_\_

Home#: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_  
(Other than parent)

**Payment:**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card (Below) \_\_\_\_\_

MC/VISA # \_\_\_\_\_

Exp \_\_\_ / \_\_\_ 3 Digit Code \_\_\_\_\_

( Checks Payable to "Town of Mashpee" )