

BOXBOROUGH RECREATION
Tae Kwon Do Program
Fall 2015 Revised

The Boxborough Recreation Commission is sponsoring a Tae Kwon Do program to be conducted by Tae Kwon Do Master Rick Barrett, a 4th Degree Black Belt. The Program is open to all students age 7 and up. Come with your child, send your child, come with a friend or come alone! All classes will be held at Blanchard Memorial School Gymnasium, 493 Mass. Ave. This program will be offered in 4-week sessions on Tuesdays and Thursdays beginning on September 8, 2015 and ending on December 22, 2015. *We have also just added a Mondays only, Adult Session.* Classes will pick up again after the holidays and will be subject to a separate registration process. There will be no class on Thanksgiving (November 26). Each 4-week session costs \$50.00.

Junior Kickers (ages 7-15)	4:30 pm – 5:30 pm
Adults (ages 16+)	5:45 pm – 6:45 pm
<i>Adults (ages 16+)</i>	<i>4:30 pm – 5:30 pm *Mondays Only* – Just added</i>

IMPORTANT POINTS:

1. Complete a separate application for each participant.
2. **Assume you are registered as requested unless a member of the Recreation Commission, or Town, contacts you.**
3. All checks should be made payable to the TOWN OF BOXBOROUGH and returned with the completed, signed application and payment to the TOWN HALL, 29 Middle Road **by Thursday prior to the class.**

ADDITIONAL INFORMATION:

1. It is your responsibility to get you and your children safely to and from Blanchard Memorial School Gymnasium – the staff can not be responsible for children until they have checked in with the instructor or after they leave the Gym.
2. There are no make-up sessions.
3. Please be prompt when coming to class and all children are to be picked up promptly at the end of their session.

RECREATION COMMISSION CONTACT:

Cheryl Mahoney, Town Hall 978-264-1714 cmahoney@boxborough-ma.gov

BOXBOROUGH RECREATION Tae Kwon Do Program

Fall 2015 Revised
REGISTRATION FORM

Please Use a Separate Registration Form for Each Participant

Participant's Name *[Please print clearly]* _____ Birthdate: _____

Street Address: _____

Emergency Name: _____ E-mail address: _____

Emergency Phone#: _____

Check ("X") the desired group and session(s)

_____ Junior Kickers 4:30 pm – 5:30 pm
(Tues. & Thursday)

_____ Adults Tues. & Thursday 5:45 pm – 6:45 pm

_____ Adults Monday Only 4:30 pm – 5:30 pm

Session # 1- Completed

_____ Session #2 (Oct. 6 through Oct. 29)

_____ Session #3 (Nov. 2 through – Nov. 30 **No Class 11/26**)

_____ Session #4 (Dec.1 through Dec. 22)

Medical Contact Information: (Physician name, telephone #; relevant medical information, i.e. allergies, **Special Needs**)

\$50.00 per session. Checks payable to the TOWN OF BOXBOROUGH and returned with this application to the TOWN HALL, 29 Middle Road by the Thursday prior to the start of the session.

AUTHORIZATION

Medical authorization & physical condition identification:

I authorize whatever medical care may be necessary in the event of an emergency. I acknowledge that insurance is not provided by the Town of Boxborough, the Recreation Commission, its staff or volunteers for this program. I accept the responsibility for payment of any medical expense.

Participant's or Parent/Legal Guardian's Signature _____ Dated: _____

Participant's Name *[Please print clearly]* _____

PLEASE COMPLETE THE WAIVER ON THE REVERSE SIDE

For Office Use Only:

Amount Paid \$ _____

Waiver: Program Instructor/Director Gift Certificate/Voucher Scholarship

PLEASE COMPLETE THE WAIVER BELOW

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE AGREEMENT

I/We, the undersigned

(participant, father, mother or guardian - *circle or insert legal relationship to participant, e.g., "participant" "parent," "guardian"*)

of _____ a minor, do hereby consent to my child's participation in
(*insert name of child, if a minor*)

(*name of activity*)

I/We also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or all of their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town, ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the said Town and/or Public School's voluntary athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees 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, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town and/or Public School's voluntary athletic or recreation programs or administration of first aid.

I/We further affirm that I/we have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that participation in these programs is voluntary and that the participant is free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the Town and/or Public School's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary Town and/or Public School's athletic or recreation programs.

Signed:

Participant's or Parent/Legal Guardian's Signature
(Parent/Guardian must sign if participant is a minor)

Dated: _____

Participant's Name [Please print clearly]

Please use a separate application for each participant