

## **BOXBOROUGH SUMMER PLAYGROUND – 2016**

The Boxborough Recreation Commission will be conducting its popular Summer Playground Program in four separate sessions in July. The Program is open to all Boxborough and Acton children who will be 5 years old by September 1, 2016. The Program will consist of crafts, games and sports. We are introducing new summer programs for 2016.

Session #1  
Tuesday, July 5 - Friday, July 8  
\$80.00 for 4 days

Session #2  
Monday, July 11 - Friday, July 15  
\$90.00 for 5 days

Session #3  
Monday, July 18 – Friday, July 22  
\$90.00 for 5 days

Session #4  
Monday, July 25 – Friday, July 29  
\$90.00 for 5 days

Summer Playground is conducted daily from 8:30 AM to 12 NOON. Summer Playground is held at FLERRA FIELD, Boxborough. No child will be denied the opportunity to attend due to inability to pay.

### **IMPORTANT POINTS:**

1. Complete a separate application for each child
2. Complete both sides of application
3. You may register a child for all sessions; however, we may have to restrict a child to one session due to over enrollment. **Assume that your child is registered as requested unless a member of the Recreation Commission, or Town, contacts you.**
4. All checks should be made payable to the TOWN OF BOXBOROUGH and returned with the completed application to the TOWN HALL, 29 Middle Road.
5. Do **not** return this application to a teacher or the school office.

### **ADDITIONAL INFORMATION:**

- A. It is your responsibility to get your children safely to and from Flerra Field – the staff can not be responsible for children until they have checked in at the playground or after they leave the field.
- B. For the safety of the children, please stay in line and wait until you reach the designated area to drop off or pick up your children. Do not park unless you have business with the playground staff. This will help keep the children as safe as possible.
- C. If it is raining at 8:00 AM – that day's session will be cancelled. There are no make up sessions.
- D. Please be prompt when picking up. All children have to be picked up by 12 NOON – the staff is off duty at noon and will be leaving.

**RECREATION COMMISSION CONTACT: Cheryl Mahoney, Boxborough Town Hall**  
**Direct Line: 978-264-1714 / email: [cmahoney@boxborough-ma.gov](mailto:cmahoney@boxborough-ma.gov)**

*Please complete a separate application for each child*

**BOXBOROUGH SUMMER PLAYGROUND – 2016**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail address \_\_\_\_\_

Grade Completed 6/22 \_\_\_\_\_ Birth date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ & Phone # \_\_\_\_\_

**Medical authorization & physical condition identification:**

I authorize whatever medical care may be necessary in the event of an emergency. I understand that insurance is not provided by the Town of Boxborough, the Recreation Commission, its staff or volunteers.

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

\_\_\_\_\_  
\_\_\_\_\_

**Check ("X") the desired session**

\_\_\_ Session # 1 (July 5 thru July 8)                      \_\_\_ Session #2 (July 11 thru July 15)

\_\_\_ Session #3 (July 18 thru July 22)                      \_\_\_ Session #4 (July 25 thru July 29)

**\*Please complete Releases on both sides of this application\***

**RECREATIONAL & VOLUNTEERS ACTIVITIES RELEASE AGREEMENT**

I/We, the undersigned \_\_\_\_\_ of  
(father, mother or guardian – circle/insert legal relationship to minor, e.g. "parent," "guardian")

\_\_\_\_\_, a minor, do hereby consent to my child's participation in the  
(Name of child/participant)

**Boxborough Summer Playground – 2016.**

I/We also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and all 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'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'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 my child's participation in these programs is voluntary and that my child and I/we are 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'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 athletic or recreation programs.

Date \_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

***This form may not be altered***

For Office Use Only:

Amount Paid \$ \_\_\_\_\_

Waiver: \_\_\_ Program Instructor/Director \_\_\_ Gift Certificate/voucher \_\_\_ Scholarship Authorization \_\_\_\_\_

(over)

**\*Please complete both sides of this application\***

**TOWN OF BOXBOROUGH PHOTO RELEASE**

I \_\_\_\_\_ hereby authorize the Town of Boxborough's Recreation Commission to publish photographs taken of the undersigned minor children. I release the Town of Boxborough from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the Boxborough's Recreation Commission to use their photographs for publicizing the **Boxborough Summer Playground Program**.

I acknowledge that since participation in publications and the town website produced by the Town of Boxborough is voluntary, neither the minor nor I will receive financial compensation. I further agree that participation in any publications and website produced by the Town confers no rights of ownership whatsoever.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent(s) or Guardian(s) of \_\_\_\_\_ (Child/Participant)  
Print Name

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*This form may not be altered*

*(over)*



# 2016 BOXBOROUGH SUMMER BASEBALL CAMPS

## Full-Day Baseball Camps, ages 8-12

**4 days, 9am to 3pm. \$265 (or per-day rate of \$75)**

AtBats full-day camps combine skills training and recreation. Players work on hitting, throwing, fielding, pitching and game "know-how" through drills, games and fun scrimmages. Player to staff ratio of 5:1 for personalized attention and safety.

	June 27-30, 9am-3pm	Boxborough Liberty Field	\$265
	July 5-8, 9am-3pm	Boxborough Liberty Field	\$265
	August 23-26, 9am-3pm	Boxborough Liberty Field	\$265

## Half-Day Baseball Camps, ages 6-10

**Monday-Friday, 12:30-3pm. \$165 (or per-day rate of \$40)**

AtBats half-day camps are held at Boxborough's Flerra Field near our indoor facility. Camps are for new and experienced players ages 6-10 and cover fundamental skills of hitting, throwing, fielding and game "know-how" with fun games and scrimmages! Player to staff ratio of 5:1.

*Please note: children attending the Boxborough Recreation camps at Flerra Field 9-noon may bring a lunch and stay at the field between camps and will be supervised by AtBats staff.*

	July 5-8, 12:30-3 (4 days)	Boxborough Flerra Field	\$135
	July 11-15, 12:30-3pm	Boxborough Flerra Field	\$165
	July 18-22, 12:30-3pm	Boxborough Flerra Field	\$165
	July 25-29, 12:30-3pm	Boxborough Flerra Field	\$165

[CLICK HERE TO REGISTER ON-LINE](#)

**Or register by phone (978-266-1766) or mail registration form and check to AtBats.**

Player's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade completed June 2016: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone#: \_\_\_\_\_ E-mail address for notifications: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work# \_\_\_\_\_ Cell#: \_\_\_\_\_

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

I hereby certify that my child is in good health and has my permission to participate in this program. I authorize whatever medical care may be necessary in the event of an emergency. I understand that health or accident insurance is not provided by AtBats Training Center or the town of Boxborough for this program. I realize that this sport involves the potential for injury, and I acknowledge that even with the use of protective equipment and observance of the rules, injuries may still occur. I hold harmless, AtBats Training Center and the town of Boxborough, including any individual, group, organization or corporation that directly or indirectly organized, sponsored, contributed, licensed or volunteered their efforts to this event, from all liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the student arising out of participation in this training program. I consent that photos taken during this program are the property of AtBats Training Center and may be used for instructional and promotional use.

Parent or guardian signature required: \_\_\_\_\_ Date: \_\_\_\_\_