BOXBOROUGH RECREATION
Tae Kwon Do Program
Winter 2016-2017

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 everyone ages 7-70. 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, starting Tuesday, January 3rd through Thursday, June 29th. ***Please Note: Classes will be held during the Winter and Spring School Recess (February 21, 23 and April 18, 2017).***

***New, beginning January 4th, a family class will be offered for parents, caretakers and their children ages 7 and up on Wednesdays from 5-6 p.m. Come spend some quality time with your children while having fun and getting a great workout at the same time! You can also attend any of the Tuesday and Thursday classes for the same price of ($50 per student, a family cap of $150 is offered each session as well.)**

Tuesdays and Thursdays:

Junior Kickers (ages 7-15) 4:30 pm – 5:30 pm

Adults (ages 16+)* 5:45 pm – 6:45 pm

Wednesdays:

Family class (ages 7+) 5:00-6:00 p.m.

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.

FOR MORE INFORMATION PLEASE CONTACT:

Town Hall: Cassy Bosworth, 978-264-1721 cbosworth@boxborough-ma.gov

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

Please use a separate application for each participant

BOXBOROUGH RECREATION Tae Kwon Do Program

REGISTRATION FORM

Winter 2017

Please Use a Separate Registration Form for Each Participant

_____ Birthdate: _____

Participant's Name [*Please print clearly*]

Street Address: _____

Emergency Name: _____ E-mail address: _____

Emergency Phone#: _____

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

Classes are held Tuesdays, Wednesdays and Thursdays

_____ **Junior Kickers** 4:30 pm – 5:30 pm _____ **Adults** 5:45 pm – 6:45 pm ____**Family** 5:00-6:00 p.m.

____Session #1 (Jan.3 through Jan. 31) ____Session #2 (Feb. 2 through Feb. 28)

Classes will be held School Vacation Week

____Session #3 (Mar.2 through – Mar. 31) ____Session #4 (Apr.4 through Apr. 30)

Classes will be held School Vacation Week

____Session #5 (May 2 through May 31) ____Session #6 (June 1 through June 30)

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.

_____ Dated: _____

Participant's or Parent/Legal Guardian's Signature

_____

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 use a separate application for each participant

TOWN OF BOXBOROUGH

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.

Dated: _____

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

_____
Participant's Name [Please print clearly]

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 Recreation Tae Kwon Do 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.

Dated: _____

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

Parent(s) or Guardian(s) of _____
(*Print Name of Child/Participant*)

Please use a separate application for each participant