

ROCK 'N' ROPES PROGRAM

"OUTBACK ADVENTURES"

EASTON RECREATION DEPARTMENT

ADVENTURE PROGRAM FOR EASTON RESIDENTS

The Ultimate Land and Water Experience! This class includes rock climbing & ropes course, boating, archery, orienteering, and fishing. Every week you will participate in new adventure, challenges, and games. Learn how to use a map and compass and go on a treasure hunt!



PROGRAM INFORMATION:

GRADES: K-5th

CLASS TIME: 4:00-5:00 PM

Parent drop-off or have your child take the Maplewood bus from school

6 WEEK PROGRAM -DAYS / DATES

Tuesday: March 21st - May 2nd or

Wednesday: March 22nd- May 3rd

PRICE: \$120.00

5 WEEK PROGRAM -DAYS / DATES

Friday: March 31st - May 5th

PRICE: \$100.00



HOW TO SIGN UP:

- 1) Please fill out form
- 2) Sign release
- 3) Enclose a check for \$120 or \$100 payable to the Town of Easton
- 4) Mail to: Easton Recreation Department
15 Barrows Street, N. Easton, MA 02356
- 5) *A Maplewood packet is required to be completed and returned prior to or on your child's first class. (see reverse for link)

REGISTRATION DEADLINE MARCH 19TH

NO CLASSES - APRIL 17-21 / WE WILL BE RUNNING OUR APRIL VACATION PROGRAM

Contact info@maplewoodyearround.com or 508-238-2387 for details.

REGISTRATION
DETAILS ON
REVERSE SIDE



Name: _____ AGE: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Parent / Guardian: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please check which day you will be attending: Tuesday OR Wednesday

Transportation (Maplewood Bus from school) YES - SCHOOL NAME: _____

NO / Child pick up at Maplewood by 5:00 pm

* All participants are required to complete a Maplewood Packet. This can be accessed on our website @ <http://www.maplewoodyearround.com/dates-and-forms/school-year/forms/>

TOWN OF EASTON VOLUNTARY CONSENT AND RELEASE FORM (Students Under 18)

I, _____ the undersigned parent/guardian of _____

a minor, do hereby consent to my child's participation in the _____ offered by the Town of Easton. I agree and covenant to forever release, acquit, discharge and hold harmless the Town of Easton and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs/activities of the Town of Easton from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to my child or property damage resulting from or in any way growing out of, directly or indirectly, and which my said minor child has or hereafter may acquire, either before or after he/she has reached his/her age of majority resulting from my child's participation in the above-described voluntary activities occurring on the property of the Town of Easton's voluntary athletic or recreation programs/activities. I hereby forever, release, indemnify, defend, and hold harmless the Town of Easton against any and all legal claims of any nature or kind whatsoever 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 child's participation in the Town of Easton's voluntary athletic or recreation programs/activities. 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 child's participation in these programs/events is voluntary and that my child and I are free to choose not to participate in said programs/events. By signing this Form, I affirm that I have decided to allow my child to participate in the above described Town of Easton's athletic or recreation programs/activities with full knowledge that the Town of Easton will not be liable to anyone for personal injuries and property damage my child or I may suffer in the above-described voluntary activities.. As parent/guardian of the above-named minor child, in any absence, I hereby authorize the Town of Easton to transport the minor child to a hospital or to place him/her in the care of an ambulance attendant(s) for transportation to the hospital and give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

Signed: _____ Parent or Guardian of: _____

Dated: _____ Medical Insurance Policy No. _____

**APRIL VACATION PROGRAM • AFTER SCHOOL • SUMMER CAMP
CHILDREN'S CLASSES • PRESCHOOL • BIRTHDAY PARTIES**



Contact info@maplewoodyearround.com or 508-238-2387 for details.