

Easton Recreation Department

SPRING PROGRAMS

Annual Egg Hunt (ages 2 – 8) The Recreation Department invites you to hop over to the Town Offices 136 Elm Street, Saturday March 24th, for this exciting event. Don't forget to bring your basket for carrying eggs. There will be separate sections for different age groups and a special visit from the bunny. The hunt begins at 11am sharp! In case of inclement weather, the rain date is Sunday, March 25th. Please call the cancellation line at 508-238-3084 or visit www.easton.ma.us under recreation for rescheduling information. The cost is \$3 per child. **No advanced registration required.**

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
1 Day	Saturday	Mar 24 th - <i>Rain Date</i> Mar 25 th	Town Offices, 136 Elm St	11:00 Sharp	\$3 per child

Lacrosse (Kindergarten) Come and learn how to play lacrosse! Easton Tigers Youth Lacrosse is joining forces with the Easton Recreation Department for a 4- week clinic, The Little Lax Tigers. This four-day clinic is open to both girls and boys in Kindergarten. Girls and boys will be introduced to the sport of lacrosse and learn the basics. Families will see firsthand why this is the fastest growing sport in the country! No equipment necessary, however mouth guards are required.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Ages</u>	<u>Time</u>	<u>Cost</u>
4 weeks	Saturday	Apr 28 – May 19	Edwin A. Keach Field	Kindergarten	10:00 – 11:00	\$40

Space is limited please register early. The deadline to register is Tuesday, April 17th

Running Club (grades 3-5) This program will include warm ups, running, running games and ending with stretching and a cool down. A Recreation Department staff member will escort children in grades 3-5 to the Parkview field at dismissal.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Wednesday	May 2- May 30	Parkview Field	3:00 – 4:15 pm	\$44

Running Club (grades K-2) This program will include warm ups, running, running games and ending with stretching and a cool down. Please meet the instructor at the Parkview School backfield (at the swing sets).

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Tuesdays	May 1 - May 29	Parkview Field	4:00 – 5:00 pm	\$35

Space is limited please register early! The deadline to register is Tuesday, April 17th

Beginner Adult Line Dancing (age 18 and above) Line dancing is a great alternative to traditional exercise while learning the oldest to the most current line dances. This is a fun upbeat class where you will learn dances like the Hustle, Electric Slide, not to mention country's Coke a Cola Cowboy and of course current dances like the Biker's Shuffle. Come dance through the decades of line dancing in this 60-minute class you will be sure to burn calories while having fun!

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
6 weeks	Thursday	March 8 – April 12	Frothingham Hall	6:00 – 7:00 pm	\$50

Intermediate Adult Line Dancing (age 18 and above) Already know the basics or completed beginner line dance then this is the class for you. Another fun upbeat class where you will be sure to burn calories while dancing. Learn the next level of dances like the Watermelon Crawl and Good Times as well as taking the basics and adding turns/pivots. This 60-minute class will take your line dancing to the next level.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
6 weeks	Thursday	March 8 – April 12	Frothingham Hall	7:00 – 8:00 pm	\$50

Adult Fitness (age 18 and above) Looking to shed those winter pounds, increase your strength and cardio? This 60-minute class is perfect to jump-start your fitness goals! A 30-minute cardio segment including warm up followed by a 30-minute total body workout including stretch! This workout is designed to help you stay accountable and have the tools to do at home, an additional 2 days per week. This class covers it all whether you are beginning your journey into fitness or maintaining/increasing your current fitness level. Light weights 5-10 lbs. recommended.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
6 weeks	Tuesday	March 6 – April 10	Frothingham Hall	6:30 – 7:30 pm	\$50

Please complete form on reverse side, sign release, enclose a check payable to the Town of Easton and mail to the Recreation Department, 15 Barrows St. North Easton, MA 02356. For more information on programs, cancellations or to register and pay online, please visit www.easton.ma.us.

Please keep program information we do not confirm registrations. If programs fill up before the deadline, we will not accept additional registrations.

PROGRAM(S) _____ AMOUNT ENCLOSED \$ _____

(CHECKS MADE PAYABLE TO TOWN OF EASTON)

PARTICIPANT'S NAME _____ AGE _____ GRADE _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____ EMAIL _____

(If programs are cancelled we will email you, no phone calls will be made)

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

Town of Easton Voluntary Consent and Release Form (Children 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 wellbeing of my child.

Signed: _____ Parent or Guardian of: _____

Dated: _____ Medical Insurance Policy No: _____

Town of Easton Voluntary Consent and Release Form (Adults Age 18 or Over)

I, _____ do hereby consent to participation in _____ 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 the above-described 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 or property damage resulting from or in any way growing out of, directly or indirectly my voluntary participation in 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 or property damage resulting from my voluntary participation in the above-described activities of the Town of Easton 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 participation in the above referenced athletic or recreation programs/activities is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the above-described activities of the Town of Easton 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 I may suffer as a result of my voluntary participation in the above-described athletic or recreation programs/activities. I further authorize the Town of Easton to transport me to a hospital or to place me 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 my wellbeing.

Signature: _____ Dated: _____

Medical Insurance Policy No: _____