

# Easton Recreation Department

# WINTER PROGRAMS

**Creative Writing and Crafting Workshop (ages 8-12)** In this program, participants will create their own dreamcatcher and two types of “found” poetry. The tradition of the dreamcatcher is to protect sleepers, especially children, from bad dreams and nightmares. Found poems are collages of words. We will use stories about dreamcatchers as our source, putting words and phrases from the stories together in new ways to create our own poems.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Time</u>	<u>Cost</u>
2 Days	Saturday	Jan 6 and Jan 13	Frothingham Hall	10:30 – 12:00 pm	\$45

**Space is limited please register early! The deadline to register is Tuesday, December 19<sup>th</sup>**

**Karate (ages 5-11)** We are offering 4 weeks of karate instruction taught by Personal Best Karate. Students will learn basic karate skills such as kicks, strikes, and self-defense techniques.

<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	Thursday	Jan 18 – Feb 8	Frothingham Hall	8-11	4:00 – 4:45 pm	\$40
				5-7	5:00 – 5:45 pm	\$40

**Space is limited please register early! The deadline to register is Tuesday, January 9<sup>th</sup>**

**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 Watermelon Crawl 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	Jan 4 – Feb 8	Frothingham Hall	7:00 – 8:00 pm	\$50

**The deadline to register is Tuesday, December 19<sup>th</sup>**

**Basketball Skills Clinic (grades Pre K - 6)** Presented by the Easton Recreation Department and Coach Oliver Vil. Our 5 week program will offer a mix of fun, fundamental instruction, skills and drills. Our focus will be on skill development, teamwork and sportsmanship. The staff will include members of the OA High School Basketball Team.

<u>Program Duration</u>	<u>Day of Wk</u>	<u>Dates</u>	<u>Location</u>	<u>Grade</u>	<u>Time</u>	<u>Cost</u>
5 weeks	Saturday	Jan 6, Jan 13, Jan 27, Feb 3, Feb 10	Oliver Ames	Pre K (age 4)-K	1:15 – 2:15	\$80
			High School	Grades 1-3	2:15 – 3:15	
			Gym	Grades 4-6	3:15 – 4:15	

**Space is limited please register early! The deadline to register is Tuesday, December 19<sup>th</sup>**

**Watch for our upcoming programs, Tennis, Rock N Ropes, Wrestling,  
Volleyball and March Madness.**

**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](http://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: \_\_\_\_\_