



February Vacation Camp at Crandall Field~February *21-24



Hopkinton Recreation Department 377-7795 HopkintonRi.org

Children in grades K-6 interested in attending camp during February vacation must register by Saturday, February 11th. Scheduled activities include games, crafts, movies, special guests and outside play, weather permitting. Registration is mandatory. The fee for Hopkinton residents is \$110/week for full-time enrollment (T-F) or \$30/day; non-residents \$130/week or \$35/day respectively. Camp is held in the Activities Center at Crandall Field, the hours are 8:30AM-3:30PM. Extended AM and PM hours may also be available for an additional fee. ****Please note: Monday, February 20th is a holiday and we are closed.***

Program Registration Form-February Vacation **Additional Forms are required on the first day of camp.

Name _____ Age _____ Grade _____

Address _____ Zip Code _____ Email _____

Phone Numbers _____ Circle Days Attending 2/21 2/22 2/23 2/24

Circle Extended Hours 7:30A-8:30A 2/21 2/22 2/23 2/24 3:30P-4:30P 2/21 2/22 2/23 2/24

Please read carefully and sign below

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

Parent or guardian must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature.

Signature _____ Date _____

Make checks payable to and mail to Hopkinton Recreation Department PO Box 314 Ashaway RI 02804