

Sudbury Park & Recreation

in association with



presents **Sports Jam** (basketball, soccer, floor hockey) for boys and girls ages 8 - 12!

AGES	DAY	DATES	TIME	LOCATION	ADDRESS	FEES
<input type="checkbox"/> Ages 8 - 12	Saturdays	1/27 - 3/3 (skip 2/17)	11:00 - 11:50am	Fairbank Community Center	40 Fairbank Rd	\$72

Sports Jam (basketball, soccer, floor hockey) is designed to give a taste of several sports to young athletes. Enthusiastic coaches will referee, emphasize proper skills, rules, and give tips while maximizing playing time for each child. Unique games and activities will be mixed in creating a fun non-competitive atmosphere. The program culminates with tournament day! Program is coed and participants will receive a t-shirt. For more information please visit www.thundercatsports.com.

What to Bring and How to Register

Please bring athletic clothing, sneakers, water bottle, and basketball OR soccer ball. Register: online at www.sudbury.ma.us/services/recreation (select Online Registration / Programs / and look for **Thundercat Sports Jam**) or fill out the registration form below and return it with payment to Sudbury Park and Recreation, 40 Fairbank Road, Sudbury, MA 01776. **Checks made payable to the Town of Sudbury.**

Child's First Name: _____ Child's Last Name: _____

DOB: ____/____/____ Gender: M / F Parent/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Please accept the above person for this participation. I am aware of the risk inherent in this activity, and release the sponsors (Thundercat Sports, LLC and Sudbury Park & Recreation) from responsibility for associated losses. I have determined the nature and extent of the planned activities, and feel that this participant is of sufficient age, ability and discretion to participate. I agree that this participation will be at the discretion of the Recreation Department. If any participant becomes a **DISCIPLINE PROBLEM HE OR SHE WILL BE EXPELLED FROM THE PROGRAMS WITHOUT REFUND OF THE PROGRAM FEE.** Permission is hereby given for treatment of this participant by a medical doctor in the event of injury or illness during participation. Unless noted on this form, participant has no allergies or other problems which will interfere with normal participation.

Does Participant have any special medical needs? _____

Parent or Guardian Signature: _____ **Date:** ____/____/____

BELOW IS FOR Office Use ONLY

Date received: ____/____/____ **Res.:** ____ **Non-Res.:** ____ **Cash:** \$ ____ **Check:** # ____ **CC:** # ____ **Init:** _____