



SOUTHBOROUGH
RECREATION
EARLY
ACTIVITY
PROGRAMS
RECREATION



21 Highland Street
Southborough, Ma
508-229-4452

www.southboroughtown.com

NEW!!!

NEW!!!

REAP
Recreation Early Activities Programs
@ **FINN**

**!!!REAP the benefits of Recreation Programs
with "Fun & Fit at Finn".
Held before school in the morning!!!**

- **Instructor:** Tom McCabe
- **Program:** Fun & Fit at Finn
- **Description:** Get a head start on the day with some fun games and exercises with Mr. McCabe. Students will learn new and exciting ways to make their bodies stronger and healthier, through many different fun activities. A great way to get the body moving and the mind ready for learning.
- **Location:** Finn School Gym
- **Times:** Tuesdays and/or Thursdays 8:00am to 8:30am
- **Dates:** Sept 9th – Oct 16th (no class 9/30, 10/9)
- **Program Fee:** \$25 for Tuesday or Thursday. \$50 for both days.

Registration form on Reverse Side. Register Today!!!

REAP
REGISTRATION FORM for Finn students
FALL 1 2008

- Bring Students to sign in at main entrance at 8:00am. Class will run until 8:30am.
- Students will then be escorted to their classroom.

Participant Information:

Participant Name : _____	
D/O/B _____	
Address: _____	Home Phone: _____
City/State: _____	Zip: _____ Email: _____
Allergies/Medical Concerns/ Special Concerns/ List any information that may be helpful to our staff when working with your child (attach additional information if necessary): _____	

Emergency Information:

Parent/Guardian Name 1: _____	Parent/Guardian Name 2: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Emergency Contact Name _____	
Emergency Contact Phone _____	

Circle Desired Choices:

	TUESDAY	and/or	THURSDAY	
	Fun & Fit at Finn \$25 (No class 9/30)		Fun & Fit at Finn \$25 (No class 10/9)	

\$25 for Tuesday or Thursday. \$50 for both days.
 Make checks payable to Southborough Recreation

STUDENT AND PARENT COMMITMENT

My child has my permission to participate in the REAP class selected above. I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. In the event of an emergency, I give authorization for emergency transportation and medical treatment. I understand that I will be notified prior to transport if possible.

✓ **Signature Parent/Guardian** _____ **Date** _____

For Office Use Only

Date Rcd. _____	Check # _____	Amount \$ _____
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