



21 Highland Street
Southborough, Ma
508-229-4452

www.southboroughtown.com



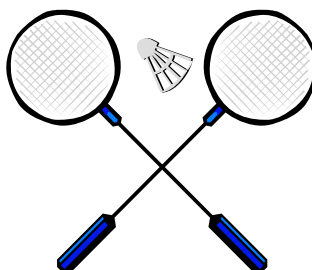
REAP

Recreation Early Activities Programs
@ NEARY

!!!REAP the benefits of Recreation Programs held before school in the morning!!!

- **Instructor:** Ray LaChance
- **Program:** Badminton
- **Location:** NEARY School Gym
- **Times:** Tuesdays and/or Thursdays 7:30am to 8:00am
- **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 NEARY students
FALL 1 2008

- Bring Students to Gym at 7:30am. Class will run until 8:00am. Students will then report to their homeroom.

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 | |
| | Badminton | | Badminton | |
| | \$25 | | \$25 | |

\$25 for Tuesday or Thursday. \$50 for both days.
 Dates: Sept 9th – Oct 16th (no class 9/30, 10/9)
 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 \$ _____ |
|-----------------|---------------|-----------------|

