

Ashland Recreation Dept...Half Day

Explorer's 2016 ~ 2017

162 West Union Street, Ashland, MA (508) 881-0140 x2 recreation@ashlandmass.com

The Explorer's program provides a quality experience for children in **grades K-5**. Half Day Explorer's will meet every half day (except November 23, December 23 and the final day of school). The Recreation Department will pick the children up from their school at dismissal and explore the days' activity. When we return from our trip all students will have the opportunity to work on their homework. Snack will be provided each week for your child, please note any food allergies on **PURPLE** emergency card (available in the Recreation Office).

Fee: **\$350.00** for all 9 listed early release days or **\$50** for Individual Days
 3-day bundles: **\$120** November 1-3 **\$120** March 1, 8, 15

Location: Your child will be picked up directly from school by the Recreation Department. After our trip we will return to the Community Center, 162 W. Union St. for you to pick up your child. **** You MUST send a note to the school releasing your child to the Recreation Department for all Half Days!!!!!!**

Hours: We will return to the Community Center by 5:30 PM, you **MUST** pick your child up by **6:00 PM**. Please be respectful of our staff and be on time to pick up your child.

Register: To register send in the lower form along with cash, check or credit card info to the Ashland Recreation Dept, 162 W. Union St., or register on-line at www.activityreg.com and pay with Visa or Master Card.

DATE	TRIP
October 19	Animal Adventures, Bolton
November 1 *	Duck Tour, Boston
November 2 *	Ecotarium, Worcester
November 3 *	Launch Trampoline, Norwood (1 slice of Pizza included)
March 1	Claytime Pottery, Shrewsbury
March 8	Lazer Craze, Westborough
March 15	SkyZone, Westborough
April 13	Capron Park Zoo, Attleboro
May 12	Garden In The Woods, Framingham



* Please pack a lunch for your child on the three November dates, they will be released before having school lunch!

Parent/Guardian Name: _____ Home Phone: _____

Street Address: _____

E-mail address: _____

Participant Name	M/F	D.O.B.	T-Shirt Size	Grade	All 9	Program	
						Nov	April
1							
2							
3							

Credit Card Payments: _____ exp ____/____ cvc # _____

"Please accept the above persons for this participation. I am aware of the risk inherent in this activity, and I hereby release the sponsors, Town of Ashland, its employees, its agents, and its officers from responsibility for any and all associated losses, claim of loss, injury or damage resulting from participation in this activity. 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. We do not discriminate on the basis of race, religion, color, sex, marital status, national origin or persons with disabilities. For cancellation or bad weather call Ashland Recreation Dept."

Does Participant have any special medical needs? _____

Parent/Guardian Signature: _____ Date: _____