



## WEBSTER SUMMER CLINICS 2017

These 3 Summer Clinics are sponsored by the Town of Webster Recreation:

Location: the Waterfront – Webster Memorial Beach



*Activities: Archery, using a map & compass,  
Fishing, Canoeing, Nature, Kayaking for over 9 years old,  
Hiking, Camping and Wilderness survival skills and more!*

Come out and be a sportsman for a week, join in the fun at one of these exciting and adventurous clinics being offered at Webster's Memorial beach this summer. Learn how to use a bow and arrow on a 10 – 15 yard range, enjoy canoeing and kayaking on one of Massachusetts largest Lake, take part in nature and map & compass clinics, Fish for over 7 species of fish in Webster Lake and learn the tackle and equipment best used to land big fish, and also learn about wilderness survival and skills on outdoor camping with nature.

**3 Sessions being offered this summer Monday - Friday**

Session #1 July 10<sup>th</sup> – 14<sup>th</sup> 9 am – 2 pm, drop off starts at 8:45 am  
Session #2 July 24<sup>th</sup> – 28<sup>th</sup> 9 am – 2 pm, drop off starts at 8:45 am  
Session #3 August 7<sup>th</sup> - 11<sup>th</sup> 9 am – 2 pm, drop off starts at 8:45 am

### FEES

5 Day Camp Adventure \$ (ages 6 – 15)

**Clinics run rain or shine – No Refunds!**

### REGISTRATION

List info here how to Register

Please go to [www.finandfeathersports.com](http://www.finandfeathersports.com) for more details

**Items that campers should bring each day to Camp Adventure:** a morning snack, lunch and refillable water bottle daily in a back pack along with ball cap, sunscreen and bug repellent (we ask that you apply before drop off and should dress for the weather).

Memorial Beach  
Offering 3  
sessions



**Outdoor Adventure Program**  
**2017 WEBSTER CLINIC REGISTRATION FORM**

Summer Session(s) # \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Youth Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City State & Zip \_\_\_\_\_

Home ph.# \_\_\_\_\_ Parents Names \_\_\_\_\_

Cell ph.# \_\_\_\_\_ Email \_\_\_\_\_

Email is required for communications before Camp

Emergency contact Name \_\_\_\_\_ Emergency Ph.# \_\_\_\_\_

Names of people authorized to pick up child \_\_\_\_\_

Allergies/Notes \_\_\_\_\_

**Location Webster Memorial Beach**

**5 Day Sessions Monday – Friday 9 am – 2 pm FEE: \$**

**Please check box for session(s) of choice.**

Session W1 - 5 Day July 10-14

Session W2 - 5 Day July 24-28

Session W3 - 5 Day Aug 4 - 11

**Sorry No Refunds! The Clinic will be held rain, or shine.**

x \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

Parent Signature

Make all checks payable to: The Town of Webster

It is important to list your current email address above, **You will receive a *Welcome email* with a check list and more information prior to the week chosen, we look forward to meeting you.**

**Registration \$ \_\_\_\_\_ = Registration Total Due \$ \_\_\_\_\_**

[Office use/ payment received on:] Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ Paid \$ \_\_\_\_\_ By \_\_\_\_\_

**Fin & Feather Sports ~ Outdoor Adventure Program**  
**RELEASE AND MEDICAL CONSENT**  
Please read, initial and sign at the bottom

**Webster Clinic** I, the parent/guardian of the person named on this form, a minor ("the registrant"), agree that I and the registrant will abide by the rules and policies of the Webster Parks Rec. Commission and its programs, including generally accepted standards of conduct, and understand that failure to adhere to such rules, policies, and standards may result in expulsion from the program without a refund. \_\_\_\_\_ parent/guardian initials

I recognize that the registrant may suffer physical injury as a result of the registrant's participation in the program. Accordingly, in consideration for accepting the registrant for participation in the program, on behalf of myself and the registrant, I hereby release, discharge, hold harmless, and indemnify the Towns of Webster and Fin & Feather Sports of Upton, Inc., their affiliated organizations and sponsors and respective officers, directors, employees, coaches, committees, and associated personnel, including, without limitation, the owners of the fields and facilities utilized for the program(s), of and from any claims, demands, actions, causes of action, suits, and liability arising as a result of the registrant's participation in the program(s). \_\_\_\_\_ parent/guardian initials

**CONSENT FOR MEDICAL TREATMENT OF A MINOR.** As the parent or legal guardian of the minor named on this form, I give my consent to seek, obtain, and provide emergency medical treatment for such minor in case of injury that occurs while participating in Webster, Hopedale and Grafton Parks Commission programs and related activities. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

I also understand Fin & Feather and/or press may take photos of program and use the photos for publicity, advertising or on social media.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_  
Signature of Parent/Legal Guardian

I have read and understood the Town of Webster policies Find on town websites.

x \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_  
Signature of Parent/Legal Guardian