

REGISTER BY  
Tuesday, November 24th

# PRE-TURKEY DAY BASH



**WHEN:** Wednesday, November 25th  
**WHERE:** KC Coombs School  
**TIME:** 7:30am—5:30pm  
**FEE:** \$24 + a donation of canned food or other item, please  
**WHAT:** A fun-filled day of cool and exciting activities, including: games, contests, arts & crafts, while joining in with Kim Torres of Elements, etc and learn all about the science of fall and Thanksgiving!!!

A Safe Secure Kid Space

**GRADES K - 6**

**Return form to: Mashpee Recreation**

**508-539-1400 x519**

**www.mashpeerec.com**



## Registration/Permission Form

I/We, the undersigned father, mother or guardian (Circle) of \_\_\_\_\_, a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs of the Town of Mashpee (hereinafter the "Town"). I/We do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Mashpee, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Public Schools (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from know and unknown personal injuries to my child or property damage resulting from my child's participation in the said Town or Public School's voluntary athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**THANKSGIVING PROGRAM**  
No Refunds

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Phone \_\_\_\_\_ WPhone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

M/C - Visa # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Hours Needed: \_\_\_\_\_ to \_\_\_\_\_

**PLEASE FILL IN HOURS NEEDED  
FOR PLANNING PURPOSES**

**Return form to Mashpee Recreation Department  
16 Great Neck Rd., N., Mashpee 02649  
www.mashpeerec.com**