

# West After-School Sports Program



Why shuttle your child around town when they can be dismissed right to the **West Elementary Gymnasium!**

Our after-school professional Recreation Department staff will keep them busy exercising and playing sports like **basketball, dodgeball, soccer, pillo-hockey, relay races and more!**

As an added bonus, after releasing all that energy, we're sure they'll be ready to sit and focus on homework when they get home!

\*There is no class during February vacation.

**Grades K-2**  
**TUESDAYS** (6 classes)  
 Ends at 4:45PM (pick up in the Gym)  
 January 27th-March 10th  
 \$50 per student

**Grades 3-5**  
**THURSDAYS** (6 classes)  
 Ends at 4:45PM (pick up in the Gym)  
 January 29th-March 12th  
 \$50 per student

Any Questions?: Please call the Plymouth Recreation Department 508-747-1620 x 137

**REGISTRATION MUST BE DONE THROUGH THE RECREATION DEPARTMENT (not through the school):**

- Online - register and pay at [www.plymouthrec.com](http://www.plymouthrec.com)
- In Person - visit our office in the basement of Town Hall, 11 Lincoln Street, Plymouth
- By Mail-complete form & mail with check to: Plymouth Recreation, 11 Lincoln Street, Plymouth, MA 02360
- **REGISTRATION DEADLINE: When full or by Friday January 16 for grades 3-5 & January 23 for grades K-2**

**PARTICIPANTS:**

	Name	Date of Birth	Grade & Teacher	Allergies/Medical Issues
Child 1:				
Child 2:				
Child 3:				
Child 4:				

**PARENTS/GUARDIANS/EMERGENCY CONTACTS:**

	Name	Cell Phone	Home Phone	Office Phone
Adult 1:				
Adult 2:				
Adult 3:				

**MAILING ADDRESS:**

**EMAIL:**

**WAIVER:** I, the parent/guardian of the child named above, have been made aware that the Town of Plymouth, the Recreation Department, West Elementary School, and its related parties, are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my child's upcoming participation, I hereby hold the Town, its servants and employees and related parties harmless from any injury I or my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for me or my child in the event that I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Department, Plymouth West Elementary School, its servants and employees, its related parties and the doctor/clinic/hospital treating my child for failure to obtain my consent. I further grant authorization for any pictures taken of my child to be used for publicity and promotional purposes.

**Signature of Parent/Guardian:**

**Date:**