

Cohasset Recreation Presents...

Summer Xtreme

***Summer Xtreme is for students entering
Grades 6th through 9th in the fall of 2022.***

Summer Xtreme is the alternative this age group has been looking for, and once they become part of the Summer Xtreme experience your middle school child will be coming back for more week after week! Middle school students are too old for the traditional town programs, but they still need to keep active, this is why we offer thrill seekers, artists, social butterflies, athletes and laid back boys and girls this remarkable option. At Summer Xtreme we keep the groups small so that we can get to know your student and ensure a once in a lifetime experience. Summer Xtreme is a very affordable way to have fun and meet new friends.

Limited enrollment — it fills up quickly.... so don't miss out on this awesome program.

- Tuesdays and Thursdays are field trip days. (unless noted)
- Mondays & Wednesdays are activity days, sports, arts & crafts, challenges and games.
- Hours: Monday-Thursday 9:30 a.m.- 2:30 p.m. except where noted.

\$165 per week
Registration opens 1/13 @ 7 pm

Cohasset residents and students only

Week 1	July 5-July 8 (Tue-Fri)	Tree Top Adventures (Wed) & Launch
Week 2	July 11-July 14	Water Wizz (9-4) & Urban Air Adventures (9-4)
Week 3	July 18-July 21	P n L Paintball & Hanover Olympics
Week 4	July 25-July 28	Cape Cod Inflatables (9-4) & Kayaking
Week 5	Aug 1-Aug 4	Six Flags (9-9) & Nantasket Beach
Week 6	Aug 8-Aug 11	Water Wizz (9-4) & Apex Entertainment (Wed)

Subject to changes

Where—Cohasset Middle/High School—143 Pond Street
www.cohassetrec.com

Summer **X**TREME

Cohasset Recreation Department
2022 Summer Xtreme Application
100 Sohier Street, Cohasset, MA 02025
www.cohassetrec.com

First Name _____ Last Name _____ Gender _____ D.O.B _____ Age _____ Grade _____
(Summer) (Presently)

Circle Weeks 1 2 3 4 5 6 Shirt Size (circle one) YM - YL - AS - AM - AL

Guardian Information

Email Address (required): _____

Cell Phone # for Text Message Alerts: _____ Cell Phone Company: _____

Parent Name: _____ Phone: (H) _____ (W) _____ (C) _____

Address: _____ Work Schedule: _____

Parent Name: _____ Phone: (H) _____ (W) _____ (C) _____

Address: _____ Work Schedule: _____

Guardian is: _____ *Please notify us in writing of any special custody situations.*

Emergency Contacts

1. Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ Address: _____

2. Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ Address: _____

Medical Information

Relevant Medical Information/Allergies: _____

Inhalers & Epipens are required daily for participation.

Insurance Company: _____ Policy Number: _____

Family Physician: _____ Phone: _____

Permission & Waiver

I give my permission for the person listed above to participate in activities and field trips sponsored by the Cohasset Recreation Department. I acknowledge that there may be inherent risks in these activities and I do not hold the Town of Cohasset, the Cohasset Public Schools, its employees liable for injury, loss or damage to persons or property. I hereby grant permission to the attending physician and his/her staff in charge of my child for anesthesia, medical, x-ray and emergency surgical procedures as may be deemed necessary or advisable. I understand that in an emergency, whenever possible, an attempt will be made to communicate with me prior to use of this permission. I agree that photographs taken during department activities may be used for promotional purposes.

Signature of Parent or Guardian _____ Date _____

Refund Policy: \$20 fee through 4/1, \$30 fee through 6/1, \$45 fee through 6/30. No Refunds after 7/1

