

*2004
Champs*



*2007
Champs*



Miss your chance on getting Red Sox tickets? Cohasset Recreation has you covered with tickets available to three different Red Sox games. Take hold of this perfect opportunity to get tickets for a special day, or for the first Sox game for a family member, or because you love the Sox!



Friday, May 28
Red Sox vs. Royals
7:05 PM Start Time

Wednesday, June 30
Red Sox vs. Rays
7:05 PM Start Time

Tuesday, August 24
Red Sox vs. Mariners
7:05 PM Start Time



- Cohasset Residents Only-
- One Game Limit Per Family-
- Maximum of Five (5) Tickets within the Immediate Family-

\$38 per game

Application available on our website

www.CohassetRec.com

Cohasset Recreation Red Sox Game Registration Form

Primary Contact Person _____ **DOB** _____ **Age** _____ **M / F** (Circle)

Address _____ **Email Address** _____

Town _____ **Zip** _____ **Home Phone** _____

Cell # _____ **Work #** _____

Medical Conditions/Allergies _____

Emergency Contact Person _____ **Emergency Phone** _____

Cohasset Residents Only – One Game Limit per Family – Maximum of five tickets within the Immediate Family

Game Requested – Boston Red Sox vs... **Price: \$38 per person for ticket and transportation**

KC Royals – May 28, 2010 _____ (Number of Tickets)

Tampa Bay Rays – June 30, 2010 _____

Seattle Mariners – August 24, 2010 _____

2. Participant 2 Full Name _____ DOB _____ Age ___ M / F (Circle) Grade ____

Relationship _____ Allergies _____

3. Participant 3 Full Name _____ DOB _____ Age ___ M / F (Circle) Grade ____

Relationship _____ Allergies _____

4. Participant 4 Full Name _____ DOB _____ Age ___ M / F (Circle) Grade ____

Relationship _____ Allergies _____

5. Participant 5 Full Name _____ DOB _____ Age ___ M / F (Circle) Grade ____

Relationship _____ Allergies _____

Policies and Procedures

1. Registration requires households accounts be created first at www.cohassetrec.com.

2. Registration will begin immediately and will continue until tickets are sold on a first paid, first served basis.

Check or money order should be payable to: **Cohasset Recreation**. Please include registration form with check.

3. All fees are payable in advance to Cohasset Recreation. Individuals are registered only when full payment and registration is received by the Recreation Department. No phone reservations will be accepted.

4. The Recreation Department maintains a no refund policy unless the game is cancelled.

5. Confirmations are not sent by the Recreation Department. Please note all information on your calendar. You may call us to confirm your mail-in or drop off registration.

6. Proper behavior in Recreation programs is expected at all times. If improper behavior persists, individuals will be excused from further participation in Recreation programs.

7. These tickets are property of the Cohasset Recreation Department until game day and cannot be resold. In the case of a rain out after we arrive at the Park, an additional fee maybe required for transportation to the makeup game.

RELEASE: I understand the activities of this program, its rules and requirements and its potential risks. I accept these conditions and hereby grant permission for my / or my child's participation. I hereby forever release the Town of Cohasset, Cohasset Recreation & School Department and it officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my child while participating in the program or event except for damages caused solely by the negligence of the Town of Cohasset, Cohasset Recreation & School Department or its officers, employees, agents or volunteers. I hereby agree to indemnify and hold harmless the Town of Cohasset, Cohasset Recreation & School Department and its officers, employees, agents and volunteers with respect to any such claims for damages which are not caused solely by the negligence of the Town of Cohasset, Cohasset Recreation & School Department, or its officers, employees, agents or volunteers. *PERMISSION IS GRANTED FOR ANY EMERGENCY MEDICAL TREATMENT NEEDED.*

Signature _____ Date _____