

Cohasset Recreation Presents...

# Summer Xtreme

**Summer Xtreme** is for Students entering Grades 6<sup>th</sup> through 9<sup>th</sup> in the fall of 2012.

Summer Xtreme is the alternative this age group has been looking for, and once they become part of the Summer Xtreme experience your middle schooler 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 from the south shore 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. At just \$112 per week 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.
- 🌀 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.

## Summer Xtreme Overnight Adventure Trip

Join Cohasset Recreation Summer Xtreme for our 1<sup>st</sup> two day overnight Xtreme trip!

We will leave on Monday, July 2nd at 9 am via motor coach and spend the day at Six Flags. After a full day of fun we will spend the night at a hotel. The following morning after breakfast we will travel to Zoar Outdoor for a day full of adventure including Zip Line.

We will travel home via motor coach and plan to arrive in Cohasset by 9 pm.

## Summer Xtreme Schedule

### ~~\$112~~ Per week

Week 1	6/26—6/29 (tues-fri)	Paintball (wed) & Boston Bowl (fri)
Week 2	7/2 – 7/3(mon & tues)	Six Flags (mon) & Zoar Outdoor (tue) \$199
Week 3	7/9 – 7/12	Nantasket Beach & Patriot Place (9:30-3:30)
Week 4	7/16—7/19	Water Wizz (9:30-4:30) & Skyzone
Week 5	7/23 – 7/26	Deep Sea Fishing (12:00 - 9:00) & Ice Skating
Week 6	7/30 – 8/2	Codzilla & Mortons Pond
Week 7	8/6 – 8/9	Kayaking & Paw Sox (9:00—4:30)

[www.cohassetrec.com](http://www.cohassetrec.com)



2012 Cohasset Recreation Department  
 Summer Xtreme Application  
 41 Highland Avenue, Cohasset, MA 02025  
 Phone: (781) 383-4109 Email: Recreation@townofcohasset.org

Childs Last Name	First Name	Gender	D.O.B.	Age (Summer)	Grade (Completed)
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Circle Desired Weeks: 1      2 (overnight)      3      4      5      6      7

**Guardian Information**

Email Address (required): \_\_\_\_\_ Shirt Size \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Schedule: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ Schedule: \_\_\_\_\_

Guardian is: Mother \_\_\_\_\_ Father \_\_\_\_\_

Other: \_\_\_\_\_ *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**

Relevant Medical Information/Allergies: \_\_\_\_\_

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 Cohasset Recreation Commission, its employees or the Town of Cohasset 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 \_\_\_\_\_

