Cape Cod Challenger Club

"Challenges are what make life interesting; overcoming them is what makes life meaningful."

WINTER PROGRAM 2019

Saturday, January 5th – Saturday, February 23rd
(8) Consecutive Saturday Sessions

Cape Cod Challenger Club participation is open to everyone, and unless specified otherwise, all classes and activities are open to all ages. Activities are held at our facility located at 418 Bumps River Road in Osterville. Please complete a separate form for each participant. ***All classes and activities, including lunch, are free of charge to everyone. The Cape Cod Challenger Club programs are funded solely through grants, fundraising and charitable contributions. Any donations are gratefully accepted and very appreciated!***

Please fill-in and return this form by December 31, 2018

Participant's Name_____ M/F_____ Date of Birth_____

Address_____City_____State_____Zip_____

Phone ( )_____Cell ( )_____Email _____

Does the participant live at home, independently, or in a group or shared living arrangement?_____

Agency/Provider Name_____ Primary Contact_____

Emergency Contact_____Relationship_____Cell ( )_____

Does the participant have any mobility, verbal or auditory challenges that we should be aware of? If yes, please explain so we can make appropriate accommodations_____

_____

Choose (1) activity per time block

10:00AM

____ Drum Circle **____ Arts & Crafts**

11:00AM

____ Yoga **____ Music & Movement**

LUNCH (12:00-12:30)

(Sorry, we cannot be responsible for every participants' specific dietary constraints!)

12:30PM

____ Basketball **_____ Kahoots! *(Interactive Game Play)***

(Remember to check our website or Facebook page for weather related cancellations)

Parent/Guardian/Care Provider Participation Policy

I am the parent/guardian/care provider of_____, who will be participating in the activity of _____ organized and run by the Cape Cod Challenger Club. I have read and understand the attached **Cape Cod Challenger Club Parent/Guardian/Care Provider Participation Policy**. I will abide by the organization's policy to ensure the safety and enjoyment of all the participants, staff and volunteers.

Parent/Guardian/Care Provider Signature: _____

Print Name: _____ Date: _____

If you have any questions call **508-420-6950 x1135** or email ***tom@capecodchallenger.org***

418 Bumps River Road * Osterville, Massachusetts 02655
Telephone (508) 420-6950 * Facsimile (508) 420-6959 * www.capecodchallenger.org