



WINTER PROGRAM 2020

Saturday, January 11th – Saturday, February 29th
(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 is an entirely volunteer run organization and our 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 January 4, 2020

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

- | | | |
|-------------------|----------------|--|
| _____ Drum Circle | 10:00AM | _____ Arts & Crafts |
| _____ Yoga | 11:00AM | _____ Board Games, Puzzles and Indoor Play |

LUNCH (12:00-12:30)

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

- | | | |
|------------------|----------------|---|
| _____ Basketball | 12:30PM | _____ Kahoots! (Interactive iPad Quiz Game) |
|------------------|----------------|---|

(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 x1136** or email **kelvin@capecodchallenger.org**