

**Cardinal Cushing  
School  
Young Athletes  
Program**



**Dates:** **Saturday July 5 to Saturday  
August 29, 2010**

**Time:** 10:00 a.m. to 11:45 a.m.

**Location;** **Cardinal Cushing School  
400 Washington St.  
Hanover, Ma 02339**



**Cost:** **\$50. per family; All family members are  
welcome to join in on the fun. Scholarships are  
available upon request.**

This program in conjunction with Massachusetts Sp.  
Olympics will offer children with developmental  
disabilities under the age of 10 years old and their  
families to develop beginner sport skills, through fun  
activities. In addition, these children will have the  
opportunity to use our outdoor swimming pool for fun  
and to develop beginner swimming skills.

***For More information you may contact***

**Tom McElman**

**781-829-1295 or tmcelman@coletta.org**

**Cardinal Cushing School  
Young Athletes Program  
Registration**

**Participant name:** \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

**Media consent/Release of Liability**

I \_\_\_\_\_ grant Cardinal Cushing School my permission to  
record/videotape or film my son/daughter while participating in the Cardinal  
Cushing Young Athletes Program.

I release Cardinal Cushing School, its Staff members, and Board of Directors  
from all liability far any injury to me or may child from participation in the Car-  
dinal Cushing Young Athletes program

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

