

# ULTIMATE CLUB 2018

## Entering Grades 5-12 (Fall 2018)

(formerly "Ultimate Frisbee™")

Don Phillips, Teacher



The sport of "Ultimate" continues to grow! Come join in the fun with coach Don Phillips who has competed locally on the JuJu Hex Team, which is part of the Boston Ultimate Disc Alliance. Don has also played at the Club level.

For more information on the sport of Ultimate: [www.upa.org](http://www.upa.org)



**T-shirts for those who register by June 1!**

June 26-29, 2018 4 days Students entering Grades 5-12

8:30-12:30 p.m. Tuesday-Friday

Pizza on Friday!

**Register by June 1 Fee: \$115**

**After June 1 - space available basis Fee: \$130**

Ultimate Club will be held on the Middle School Field rain or shine! (In case of extreme weather we will watch a Ultimate video).

**Class size is limited.** Registration is on a first-come first served basis as received in the Community Education office. Late pick-up may result in a \$1.00 per minute fee payable immediately to the instructor.

Tuition is Non-Refundable. Checks will be returned only if the class is cancelled.

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

978-456-4118 [jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org)

### SPECTRUM REGISTRATION FORM - ULTIMATE - 2018

Use this form or register online at [www.psharvard.org](http://www.psharvard.org)

Departments, Community Education Spectrum

Name \_\_\_\_\_ Gr Fall 2018 \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ email \_\_\_\_\_

T-SHIRT Size (Adult) please circle: Small Medium Large XL

Parent Name \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact & phone \_\_\_\_\_

(Other than parent, in case parent cannot be reached)

Physician/Phone \_\_\_\_\_

Health Plan & Number \_\_\_\_\_

Checks should be made payable to TOWN OF HARVARD.

\*Non Residents (does not include School Choice) please add \$10 non-resident fee.

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the Community Education/SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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