



CITY OF FRAMINGHAM

DIVISION OF PARKS, RECREATION AND CULTURAL AFFAIRS

(508) 532-5960

parks.recreation@framinghamma.gov

www.framinghamma.gov

**BOWDITCH FIELD ATHLETIC &
CULTURAL COMPLEX**

475 Union Avenue

Framingham, MA 01702

FIA FAQ

What is Framingham Includes All?

Framingham Includes All (FIA) is a year-round recreation program that provides accessible social activities, outings/field trips, as well as competitive and non-competitive opportunities for individuals with special needs. Participants of all levels are welcome to attend.

In addition to minimal user fees, support for this program is provided by dedicated volunteers, the Framingham Disability Commission, and the Framingham Parks & Recreation Department.

When are Framingham Includes All events and field trips?

We aim to provide programming for our two age groups 8-15, and 16+ as well as combined field trips for all ages at least once per month. Typically, social events will be scheduled for Monday evenings and Field Trips will be scheduled for Saturdays but this is subject to change depending on the event. New social events and field trips will be added to the registration site as they are scheduled.

How do I find out more information or register my child for a Framingham Includes All social event or field trip?

-To find out more information on a specific event, or to register for any of our available programming, please visit our registration site at www.FraminghamRec.com. Any further questions can be directed to the Parks and Recreation office at 508-532-5960.

Am I required to attend with my child?

-No! We do require you to transport your child to and from each social event and field trip, and we encourage you to stay if you would like, but we do not require that any parent or guardian stay.

I have a suggestion for a social event or a field trip, who can I speak with?

-Please contact the Parks and Recreation office at 508-532-5960 with any comments, questions, or suggestions!

Do I have to fill out one of these packets every time my child participates in a program?

-No! Although each program will have its own individual registration, we asked that you fill out this packet only once per calendar year. If there are changes that you need made to the packet please contact the Parks and Recreation office at 508-532-5960 and we will help make those changes to your existing paperwork.



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MOBILE DEVICE POLICY

Mobile devices have changed the way young people communicate. Many of our participants have their own phones, and tablets, and they use them to text, access social media and a wide variety of other applications.

A personally owned device includes all participant-owned existing and emerging technologies and devices that can take photographs, play and record audio or video, input text, upload and download content and/or media, and transmit or receive messages or images.

Monitoring and inspection. Framingham Parks and Recreation reserves the right to monitor, inspect, copy, and review a personally owned device that is brought to any of our programming.

Inappropriate communication includes, but is not limited to obscene, profane, lewd, vulgar, rude, bullying, inflammatory, threatening or disrespectful language or images typed, posted, or spoken by participants. If a participant is told to stop sending communications or utilizing their personally owned device during programming, that participant must cease immediately or it will be taken by the instructor and returned at the end of the program.

Loss/Damage/Stolen. Participants are responsible for the safe keeping of their own personal devices. Staff are not responsible for the security or condition of participants personal devices. Furthermore, the City of Framingham is not liable for the loss, damage, misuse, or theft of any personally owned devices brought to program.

Personally owned devices are prohibited in bathrooms and locker rooms.

Please sign the following page and return to Framingham Parks and Recreation.



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I, the undersigned, as a participant in the City of Framingham's Recreation Programs, have reviewed the Mobile Device Acceptable Use Policy and guidelines. I understand that any violation may result in revocation of technology privileges and possible further disciplinary action.

Participant's Name: _____

Participant's Signature: _____ Date: _____

I, the undersigned legal guardian, have reviewed the Mobile Device Acceptable Use Policy and guidelines for the City of Framingham Recreation Programs.

My Child: _____, is also aware of the terms and conditions.

Parent's Name: _____

Parent's Signature: _____ Date: _____



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In House Activities/Movie Informational Form

Dear Parents/Guardians,

Framingham Includes All Social Events are a great way for your child to interact with other participants in a social environment and make new friends! We will have many activities throughout the year to come and participate in. Sometimes, one of the activities will be watching a movie. We understand that at home, everyone has different expectations for their children in regards to what kinds of movies they are allowed to watch. We will be mindful and do our best to make sure movies chosen at our program are acceptable for the ages allowed during registration. If you have any questions or comments on movie choices, please contact the Parks and Recreation office at 508-532-5960. Thank you!

Please note that all Social Events must be pre-registered for on our website www.FraminghamRec.com.



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FIELD TRIP INFORMATIONAL FORM

Dear Parents/Guardians,

Framingham Includes All also provide opportunities to get out into the community through various field trips. Participants must provide their own transportation to all field trips unless otherwise specified.

Please Note: There are a limited number of slots for field trips and all field trips must be pre-registered for on our website www.FraminghamRec.com.

Field trips are generally on Saturdays but may vary depending on availability and activity.



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Emergency Contact Information Sheet

Participant Name: _____ Participant Age: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Participant Medical Information (add additional sheet if necessary): _____

Emergency Contact 1

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact 2

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Is anyone else authorized to pick up your child? Please list their names and phone numbers here
(additional names may be listed on the back of this sheet)

Name	Phone Number
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____ Date: _____

Interested in becoming a volunteer? Yes No

If Yes, Name: _____ Phone Number/Email: _____