

PROGRAM REGISTRATION FORM

GENERAL INFORMATION

Last Name: _____ Today's Date: ____ / ____ / ____

Address: _____
No. Street City State Zip

E-mail Address: _____ Main Phone: _____ (Home/Work/Cell)

Alt Phone 1: _____ (Home/Work/Cell) Alt Phone 2: _____ (Home/Work/Cell)

Emergency Contact Name : _____ Phone: _____

PARTICIPANT #1 INFORMATION

Name: _____

Date of Birth: ____ / ____ / ____

Allergies or Medical Concerns: _____

PROGRAM #1: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

PROGRAM #2: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

PROGRAM #3: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

PARTICIPANT #2 INFORMATION

Name: _____

Date of Birth: ____ / ____ / ____

Allergies or Medical Concerns: _____

PROGRAM #1: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

PROGRAM #2: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

PROGRAM #3: _____

SESSION/WEEK: _____ TIME/DAY/LEVEL: _____

I, the registered participant or parent of the registered participant, declare that I intend to use some of the activities, facilities, programs or services offered by the Town of Needham. In consideration of being allowed such use, by agreeing below, I do hereby waive, release, and forever discharge the Town of Needham, its officers, employees, agents, representatives and all others acting on its behalf from any and all claims or causes of action (known or unknown) for any and all injury, illness, damage or loss that may occur to me, my children or my property as a result of my participant in any aspect of the activities, facilities, programs and services offered by the Town of Needham.

I agree that my participation or the participation of my child/children in any and all activities, facilities, programs, and services provided by the Town of Needham is strictly voluntary. I further agree that I assume full responsibility for my participation or my child's/children's participation in such activities, facilities, programs, and services provided by the Town of Needham and I assume any and all risk of injury, illness, damage, or loss that might result. I also agree to assume all risk of damage, loss, or theft to or of any of my personal property.

By signing this WAIVER AND RELEASE, I acknowledge that I have read and understand its contents, and agree to be bound by the terms of thereof in its entirety.

Print Name: _____ Signature: _____ Date: ____ / ____ / ____

(THIS AREA FOR MAILED REGISTRATIONS ONLY!)

Payment must accompany completed, mailed-in registration form in order to be processed.

Method of Payment:

Check - Make payable to **Town of Needham - Park & Recreation**

Cash or Money Order

Credit Card - (Please circle one) **VISA** **MasterCard** **Discover**

Credit Card Number: _____

Expiration Date: ____ / ____ CVC Code: (on back of card) _____

Cardholder's Signature: _____

MAIL TO:

Registration

Park & Recreation
500 Dedham Avenue
Needham, MA 02492

**We do NOT accept
fax registrations.**