## NEEDHAM YOUTH & FAMILY SERVICES

• 1471 Highland Avenue - Town Hall • Needham, MA 02492

Phone: 781-455-7500 • Fax: 781-453-2522 • www.needhamma.gov/youth/van

## **Family Fun Makers** REGISTRATION

Participants may register Which days would you like	-	nily Fun Maker Nights.			
We	ednesday, Nover	er 10 <sup>th</sup> – Building Challeng mber 13 <sup>th</sup> – Colorful Canv nber 12 <sup>th</sup> - Time for Tool	vas, 5:30pm – 7:00pm		
Adult Participants Inforn	nation:				
Name:	Cell Phone				
Address	Zip Code				
Email Address:					
Relationship:	Allergies / Medical Conditions:				
Name:	Cell Phone				
Email Address:					
Relationship:	Allergies / Medical Conditions:				
Child Participants Inform	nation:				
_		Age	Date of Birth		
Name:			Date of Birthitions		
Name:School:	Grade	Allergies /Medical Condi			
Name: School:	Grade	Allergies /Medical Condi	itions		
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Back-Up/Emergency Contact Info:

## Family Fun Makers costs \$25.00 per family per night; however donations made to "Town of Needham – Youth Services" are greatly appreciated.

Please indicate if a check or cash has been included with registration form.

Thursday, October 10 <sup>th</sup> – Building Challenge Night from 5:30pm – 7:00pm		\$25.00				
Wednesday, November 13 <sup>th</sup> – Colorful Canvas Night from 5:30pm – 7:00pm		\$25.00				
Thursday, December 12 <sup>th</sup> - Time for Tools Night from 5:30pm – 7:00pm		\$25.00				
Additional Donation						
Please circle: Cash or Check T	otal					
AUTHORIZATION OF FAMILY PARTICIPATION (REQUIRED)						
I, the undersigned parent/guardian of the family, give permission for my child /children to participate in a Needham Youth & Family Services' program. In the event of medical emergency, I authorize the staff to seek medical attention as required. Further, I shall indemnify and hold harmless and hereby release, remise, and forever discharge the Town of Needham from any and all liability, suits, losses, cause of actions, damage arising or occurring out of participation in the abovementioned program and/or arising or occurring out of any said medical attention.						
SIGNATURE Date						
AUTHORIZATION TO PHOTOGRAPH/VIDEOTAPE (OPTIONAL)						
I,, do hereby give permission to the Needham Youth & Family Services to photograph/videotape me and/or my children as participants in a Needham Youth & Family Services program. I understand that I will not receive any compensation or have any rights to these photographs/videos and I release the Town of Needham from any liability for their use. I understand that these photographs or videotape may be used in one or all of the following ways:						
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