## PROGRAM REGISTRATION FORM

- Online at <u>www.SouthboroughRec.com</u>
- Mail to: 21 Highland St. Southborough, MA 01772
- Walk-in: Monday-Thursday 9am-4pm, Friday 9am-12:30 pm
- Drop form and payment in black mail box at the Recreation Office.



Participant 1					
Name:	ame:		School:		
Male/Female: Date	Nale/Female: Date of birth:		Age: Grade: (year 19/20):		
Medical concerns/allergies:		_ Does your child	Does your child have an aide at school?		
Can your child be photograp	ohed for publication:				
Program Name	Start Date	Time	Session	Fee/Check No.	
1					
1.					
2.					
Participant 2					
Maraa a .	Data of High				
Male/Female: Dat	e of birth:	Age:	_ Grade: (year	19/20):	
Male/Female: Date Medical concerns/allergies:	e of birth:	Age: _ Does your chil	_ Grade: (year		
Male/Female: Date Medical concerns/allergies:	e of birth:	Age: _ Does your chil	_ Grade: (year	19/20):	
Male/Female: Date Medical concerns/allergies:	e of birth:	Age: _ Does your chil	_ Grade: (year	19/20):	
Male/Female: Date Medical concerns/allergies: Can your child be photograp  Program Name	e of birth:ohed for publication:	Age: _ Does your chil	_ Grade: (year d have an aide	19/20): at school?	
Male/Female: Date Medical concerns/allergies: Can your child be photograph.	e of birth:ohed for publication:	Age: _ Does your chil	_ Grade: (year d have an aide	19/20): at school?	
Male/Female: Date Medical concerns/allergies: Can your child be photograp  Program Name	e of birth:ohed for publication:	Age: _ Does your chil	_ Grade: (year d have an aide	19/20): at school?	
Male/Female: Date Medical concerns/allergies: Can your child be photograph  Program Name  1.	e of birth:ohed for publication:	Age: Does your chil  Time	_ Grade: (year d have an aide	19/20): at school?	
Male/Female: Date Medical concerns/allergies: Can your child be photograph  Program Name  1. 2.	Start Date  Head of Househo	Age: Does your chil  Time	_ Grade: (year d have an aide	at school?  Fee/Check No.	
Male/Female: Date Medical concerns/allergies: Can your child be photograph  Program Name  1. 2.  Name:	e of birth: phed for publication:  Start Date  Head of Househo	Age: Does your chil  Time  old/Guardian  Home P	Grade: (year d have an aide	at school?  Fee/Check No.	
Male/Female: Date Medical concerns/allergies: Can your child be photograph  Program Name  1.  2.  Name: Address:	Start Date  Head of Househo	Age: Does your chil  Time  Id/Guardian  Home P	_ Grade: (year d have an aide Session  Phone:	19/20): at school? Fee/Check No.	
Male/Female: Date Medical concerns/allergies: Can your child be photograph  Program Name  1.  2.  Name: Address: Email Address:	Start Date  Head of Househo	Age: Does your chil  Time  Id/Guardian  Home P	Grade: (year d have an aide	19/20): at school? Fee/Check No.	

## Participation Waiver - Must be signed below for ALL programs.

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Participant/Parent/Guardian:		Date:
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