

PROGRAM REGISTRATION FORM

- Online at www.SouthboroughRec.com
- 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: _____ School: _____

Male/Female: ___ Date of birth: _____ Age: ___ Grade: (year 19/20): _____

Medical concerns/allergies: _____ Does your child have an aide at school? _____

Can your child be photographed for publication: _____

Program Name	Start Date	Time	Session	Fee/Check No.
1.				
2.				

Participant 2

Name: _____ School: _____

Male/Female: ___ Date of birth: _____ Age: ___ Grade: (year 19/20): _____

Medical concerns/allergies: _____ Does your child have an aide at school? _____

Can your child be photographed for publication: _____

Program Name	Start Date	Time	Session	Fee/Check No.
1.				
2.				

Head of Household/Guardian

Name: _____ Home Phone: _____

Address: _____ City: _____ Zip code: _____

Email Address: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

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: _____