Marion Recreation Department

13 Atlantis Drive, Marion, Massachusetts 02738 (774) 217-8355

PROGRAM REGISTRATION

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
LAST NAME

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|
FIRST NAME HOME TELEPHONE NUMBER INCLUDING AREA CODE

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|_____|_____|_____|_____|_____|
E-MAIL ADDRESS D.O.B

|_____|_____|_____|_____| |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|
STREET NUMBER STREET NAME GRADE SCHOOL YEAR 2014-2015

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|_____| |_____|_____|_____|_____|_____|
TOWN STATE ZIP CODE

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
LAST NAME OF EMERGENCY CONTACT #1 FIRST NAME OF EMERGENCY CONTACT #1

|_____|_____|_____| - |_____|_____|_____| - |_____|_____|_____|_____|
CELL PHONE NUMBER OR HOME PHONE NUMBER OF CONTACT #1

|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
LAST NAME OF EMERGENCY CONTACT #2 FIRST NAME OF EMERGENCY CONTACT #2

|____|____|____| - |____|____|____| - |____|____|____|____|
CELL PHONE NUMBER OR HOME PHONE NUMBER OF CONTACT #2

SHIRT SIZE Youth Small Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL Adult XXL

MEDICAL CONDITIONS AND DESCRIBE ANY ALLERGIES:_____

PROGRAM /SESSION: _____FEE:_____

PROGRAM / SESSION: _____ FEE:_____

Participation in the activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, heirs, executors and administrators waive and release all rights and claims against the Town of Marion, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the activity. In addition, I give permission for the child to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone number provided. I understand the cancellation/refund policy of the Marion Recreation Department.

Signature of Parent /Guardian: _____Date_____