

NR&PD PROGRAM REGISTRATION FORM

**Each participant requires his or her own form. If you have more than one child, feel free to make copies!
Please Print and Be Sure To Complete All Sections**



...MAIL IN

179 Boden Lane
Natick, MA 01760



...FAX

When registering by FAX you must use this form and pay by VISA/MC. Our Fax number is (508) 647-6535



...WALK IN

Registration forms may be dropped off at the Office from 8:00 am to 5:00 pm Monday through Friday.

**Please be specific in filling out information to avoid confusion or loss of opportunities.
Please note that photos of your child may be used for various publicity media's.**

Participant: LAST Name		FIRST Name		Area Code	HOME Phone #
Address		City/Town		Zip Code	E-Mail Address (Optional)
/ /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	School	Grade	
Mother's First Name		Last Name (If different)		Area Code	WORK Phone #
Father's First Name		Last Name (If different)		Area Code	CELL Phone #
Emergency Contact (OTHER THAN PARENTS)		Relationship to Participant		Area Code	Phone #

Is there any Medical Information: Disabilities/Allergies NR&PD should be aware of? _____

Medical Information

I realize injuries can occur from participation in sports and other activities. I hereby waive, release, absolve, indemnify and agree to hold harmless The Town of Natick, Natick Recreation and Parks Department, their directors, instructors or assignees from any claim arising out of injury to my children or myself.

Should my child or I be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that an attempt will be made to contact me in an emergency.

Signature _____ **Date** ____/____/____

* For certain programs it is best if you list 2nd and 3rd choices in case your 1st choice is filled.

Programs Desired *	Order of Choice*	Sess #	Desired Day of Wk	Time	Ski Equipment Rentals (Circle Choice)		Dog Obedience		Program Cost
					Board	Ski	Breed	Name	
					Board	Ski	Y	N	
					Board	Ski	Y	N	
					Board	Ski	Y	N	
					Board	Ski	Y	N	
					Board	Ski	Y	N	

Total Program Cost \$ _____

Optional donation for financial aid for the disabled and financially needy of \$1 \$ _____

Unless otherwise stated, Out of Town Residents add \$5/program \$ _____

Make Checks Payable to: **TOWN OF NATICK** **Total Cost** \$ _____

Method of Payment: Cash Check # _____ Credit Card
(**\$25 will be charged for returned checks**)

 	Visa/MC # _____	Expiration Date ____/____/____
SIGNATURE _____		DATE ____/____/____