

Registration Form

Class/Event:

	Fee:	Check#:	Cash:		
Participant:					
Parent/Guardian (if	applicable):				
Hm phn:		Cell p	hn:		
Email:					
Address, Town, Zip:	:		_		
Allergies:		Medi	cations:		
Emergency Contact	:		#		
program.	nt/ Guardian Signature	_	hich may arise from your participa ————————————————————————————————————		
Medical Transporta	tion/ Treatment Relea	ase			
professionals in the	case of a medical em	ergency. I releas	icipant to be transported and/or ethe Town of Townsend, it's age of action which may arise.		
Participant or Parer	nt/ Guardian Signatur	 e	Date		
l,		give the Town of Townsend Recreation Department permission to			
utilize/submit Parti	cipant's name/picture	/video for prom	otional & informational purposes	;.	
Please mail comple	ted form and paymen	t to: Townsend F	Recreation , 272 Main St., Townse	end MA 01469.	

Questions: ehtownrec@yahoo.com

Course Confirmation - A participant is registered when registration form is received. We do not send out class reminders. We will only notify you if there are any problems or changes. Refunds: www.townsend.ma.us/recreation-commission

Please make checks payable to "Townsend Recreation"