

TOWNSEND RECREATION

Registration Form

Class/Event: _____

Fee: _____ Check#: _____ Cash: _____

Participant: _____

Parent/Guardian (if applicable): _____

Hm phn: _____ Cell phn: _____

Email: _____

Address, Town, Zip: _____

Allergies: _____ Medications: _____

This program is offered by the Town of Townsend to all residents of Townsend and surrounding communities. By signing your name hereunder, you hereby release the Town of Townsend, it's agents, officials & employees from any and all liabilities, damages & causes of action which may arise from your participation in this program.

Participant or Parent/ Guardian Signature Date

Medical Transportation/ Treatment Release

By signing my name hereunder, I give permission for participant to be transported and/or treated by medical professionals in the case of a medical emergency. I release the Town of Townsend, it's agents, officials & employees from any and all liabilities, damages & causes of action which may arise.

Participant or Parent/ Guardian Signature Date

I, _____ give the Town of Townsend Recreation Department permission to utilize/submit Participant's name/picture/video for promotional & informational purposes.

Please email for confirmation of registration: ehtownrec@yahoo.com

Please mail completed form and payment to: Townsend Recreation , 272 Main St., Townsend MA 01469.

Please make checks payable to "Townsend Recreation"

Course Confirmation - A participant is registered when you confirm slot via e-mail. We do not send out class reminders. We will only notify you if there are any problems or changes. Refunds-You may request to withdraw from a program in sufficient time (7 days prior) fee will be refunded pending that a replacement can be found and the Recreation Commission has incurred no costs.