



# 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**

Office hours: 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.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial

Grade \_\_\_\_\_ School \_\_\_\_\_ Age \_\_\_\_\_ M  F

Address: \_\_\_\_\_  
Street Town State Zip Area Code HOME Phone (Not Cell Phone #)

E-mail Address: \_\_\_\_\_

Parent/Guardian:

Parent (P-1) Last \_\_\_\_\_ First \_\_\_\_\_ Area Code \_\_\_\_\_ WORK Phone (NOT Cell Phone #) \_\_\_\_\_ Area Code \_\_\_\_\_ CELL Phone \_\_\_\_\_

Parent (P-2) Last \_\_\_\_\_ First \_\_\_\_\_ Area Code \_\_\_\_\_ WORK Phone (NOT Cell Phone #) \_\_\_\_\_ Area Code \_\_\_\_\_ CELL Phone \_\_\_\_\_

Please leave different phone numbers so we can reach you in case of an emergency.

Emergency Contact \_\_\_\_\_  
OTHER THAN A PARENT Relationship to Participant Area Code Daytime Phone # Area Code Nighttime Phone #

Please let us know if there are any medical issues we need to be aware of (i.e., Allergies, diagnosis... if none, write N/A)

## Parental Consent, Release from Liability and Indemnity Agreement

Please turn over to read and sign the Parental Consent, Release from Liability and Indemnity Agreement Form.  
NOTE: This form MUST BE SIGNED in order to participate in the programs you are registering for.

I have signed Parental Consent on back of this Registration Form

\* 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*	Desired			Program Cost
		Session	Day of Week	Time	

Total Program Cost \$ \_\_\_\_\_

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

Unless otherwise stated, Out of Town Residents add \$20/program \$ \_\_\_\_\_

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

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



MC/Visa/ Discover Expiration Date \_\_\_\_/\_\_\_\_ CVC Code # \_\_\_\_\_  
(Far right 3-Digit #'s from back of card)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

(NR&PD 2018)

179 Boden Lane • Natick, Massachusetts 01760 • Phone (508) 647-6530 • Fax (508) 647-6535 • Website <http://natickma.gov/recreation>

**Please Complete Consent Form on Back**

## Waiver Form

### Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18, parent or guardian)