

ATKINSON POOL REGISTRATION FORM

Please complete the registration form, one for EACH CHILD/ADULT in EACH PROGRAM.

Make check payable to ATKINSON POOL or include credit card information.

Mail or bring to: Atkinson Pool, ATTN. Program Registration, 40 Fairbank Rd. Sudbury, MA 01776

PARTICIPANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____ M/F

Street Address: _____ Town: _____ Zip: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

Email Address: _____ Age: _____ Grade: _____ Birth Date: ____/____/____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Home Phone: (____) ____-____ Work Phone: (____) ____-____ Cell Phone: (____) ____-____

PAYMENT:

Circle method of payment: Check or Credit card (VISA or MASTERCARD)

A \$25.00 service charge will be assessed for all returned checks.

Name on credit card: _____ Account #: _____

Signature: _____ Expiration Date: _____

Please use multiple registration forms for multiple programs!

Program Name (swim lesson level)	Session	Day	Time	Cost

PARENT/GUARDIAN MUST READ AND SIGN IF PARTICIPANT IS UNDER AGE 18:

"Please accept the above persons for this participation. I am aware of the risk inherent in this activity, and I hereby release the sponsors, Town of Sudbury, its employees, its agents, and its officers from the responsibility for any and all associated losses, claim of loss, injury or damage resulting from participation in this activity. I have determined the nature and extent of the planned activities and feel that this participant is of sufficient age, ability, and discretion to participate. I agree that this participation will be at the discretion of the Atkinson Pool/Park & Recreation Department. If any participant becomes a DISCIPLINE PROBLEM, HE OR SHE WILL BE EXPELLED FROM THE PROGRAM WITHOUT REFUND OF THE PROGRAM FEE.

Permission is hereby given for treatment of this participant by a medical doctor in the event of injury or illness during participation. Unless noted on this form, participant has no allergies or other problems which will interfere with normal participation. We do not discriminate on the basis of race, religion, color, sex, marital status, national origin or persons with disabilities. For cancellations or bad weather, please call the inclement weather hotline at 978-639-3233

Does participant have any special medical needs? _____

Parent/Guardian Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

Date Received: ____/____/____ Member: _____ Non-Member: _____

Cash: \$_____ Check #: _____ CC Auth. #: _____ Amount: \$_____ Entered in Sportsman: YES / NO

Staff Initial: _____