

PARK & REC. REGISTRATION FORM

Participant's First Name: _____ Last Name: _____

DOB: ____/____/____ Gender: MALE / FEMALE Parent/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

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

E-Mail Address: _____

PROGRAM INFORMATION

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

Program Name: _____ Session: _____ Time: _____ Start Date: _____ Cost: \$ _____

TOTAL COST: \$ _____

METHODS OF PAYMENT: CHECK, CREDIT CARD, OR CASH

Make check # _____, payable to TOWN OF SUDBURY

Credit Card: VISA or MASTERCARD

Name on credit card: _____ Account #: _____

Expiration Date: ____/____/____ Signature _____

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 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 Park and Recreation Department. If any participant becomes a **DISCIPLINE PROBLEM, HE OR SHE WILL BE EXPELLED FROM THE PROGRAMS 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 cancellation or bad weather, please call Sudbury Park and Recreation Department at (978) 639-3233."

Does Participant have any special medical needs? _____

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

**PLEASE MAIL OR BRING TO:
SUDBURY PARK AND RECREATION
40 FAIRBANK ROAD
SUDBURY, MA 01776**

Date Received: ____/____/____ Res: ____ Non-Res. ____ Cash: \$ _____ Check: # _____ CC Auth.# _____ Amt:\$ _____ Int: _____ Entered in Sportsman: YES / NO