

REGISTRATION FORM

Name of Program: _____

Program Dates: _____ Fee: _____

Participant's Name _____ Grade _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

E-Mail Address _____

Parent/Guardian _____ Phone # (best number to contact you) _____

Person to contact while your child is participating in this program:

Name: _____ phone #: _____

Complete the following if applicable

T- Shirt Size: Youth Sm (6-8) _____ Youth Med (10-12) _____ Youth Lg. (14-16) _____

Adult Sm. _____ Adult Med _____ Adult Lg _____ Adult XLg _____ Adult XXLg _____

Parent/Guardian: I would like to be a coach : yes I would like to help yes Your t-shirt size: _____

Please complete for sports participation:

Family Physician: Name _____ Tel. #: _____

Family Dentist: Name: _____ Tel. # _____

HMO: Name: _____ Policy # _____

Medical Information: (allergies, medications, special requests, etc.)

Emergency Medical Authorization: In the event that I/We cannot be reached in case of an emergency, I/We authorize any/all medical and/or surgical treatments, which are deemed advisable by emergency physicians and/or surgeons for my child. I/We also recognize that the patient when admitted is to remain in the hospital care until his or her physician recommends patient's discharge.

NO REFUNDS and NO ATTENDANCE until registration is completed and payment requirements are met.

Parent or Guardian also agrees to any photos, which may be taken for Park & Recreation Department use only. In consideration of the time, training and facilities being made available to my child, I understand and agree that any designated instructor, the Town of Hadley, and the Park & Recreation Department shall not be liable to me or my child for any claims, actions, suits or harm that may arise out of, or be in any way related to, my child's participation in any of the Park & Recreation Programs.

Signature (parent/guardian) _____ Date _____

Checks payable to **Town of Hadley** and return to: Hadley Park & Recreation, 239 River Dr., Hadley, MA 01035

OFFICE HOURS: Closed Monday, Tuesday, Wednesday and Friday, 8:30 a.m.-3:30 p.m.; Thursday, 1-5 p.m.

E-mail parkandrec@hadleyma.org Telephone: 586-6375 Fax # 586-5871

Please check our website monthly for upcoming programs and Park & Recreation information at www.hadleyma.org and look under Departments and Services

Office use only: Amt. _____ Check # _____ Recvd by _____ Date _____