

MONTAGUE PARKS & RECREATION DEPARTMENT

56 First St., Unity Park Fieldhouse, Turners Falls, MA 01376

Phone: (413) 863-3216/Fax: (413) 863-3229

www.montague.net



REGISTRATION FORM

(Please do not use this form for the Summer Playground Program. A separate program is available....call MPRD)

FAMILY Name: _____ (Participants will be registered under family/household name)

Address: _____

Mailing Address: (If different from above) _____

Home Phone Number: (_____) _____ E-mail Address: _____

(You will be placed on our Update Listserv)

(If ANY of the participants are under 18 years of age, please provide the following information:)

Parent Name: _____ Home #: (_____) _____ Cellphone/Pager #: (_____) _____

Workplace: _____ Hours: _____ Work #: (_____) _____

Parent Name: _____ Home #: (_____) _____ Cellphone/Pager #: (_____) _____

Workplace: _____ Hours: _____ Work #: (_____) _____

PARTICIPANT NAME #1: _____ Age: _____ D.O.B. ____/____/____ Grade: _____

Program : _____ Dates/Session: _____ Fee: _____

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T-Shirt Size: _____ (Youth Small through Adult XL - Applies only to youth sports) **Sub-total = \$** _____

PARTICIPANT NAME #2: _____ Age: _____ D.O.B. ____/____/____ Grade: _____

Program : _____ Dates/Session: _____ Fee: _____

Program: _____ Dates/Session: _____ Fee: _____

T-Shirt Size: _____ (Youth Small through Adult XL - Applies only to youth sports) **Sub-total = \$** _____

PARTICIPANT NAME #3: _____ Age: _____ D.O.B. ____/____/____ Grade: _____

Program : _____ Dates/Session: _____ Fee: _____

Program: _____ Dates/Session: _____ Fee: _____

T-Shirt Size: _____ (Youth Small through Adult XL - Applies only to youth sports) **Sub-total = \$** _____

Resident Fees apply to those who reside in one of the five villages of Montague;
Turners Falls, Millers Falls, Montague Center, Montague City, Lake Pleasant

\$ _____
TOTAL PAYMENT

Medical/Emergency Information (Required): Name and number of Person(s) YOU designate for us to contact DURING PROGRAM TIME in case of any emergency, or, in case of a child, if the parents cannot be reached:

Name: _____ Phone #: (_____) _____

Name: _____ Phone #: (_____) _____

1.) Do any of the participants have any medical conditions we should know about? Yes / No. If "Yes", please indicate below AND discuss with the Director: _____

2.) Are any of the participants currently taking any medications? Yes / No. If "Yes", please indicate below AND discuss with the Director: _____

3.) In an emergency situation, where we are unable to reach you, DO YOU GIVE PERMISSION for the individual registered to be transported to a hospital? Yes / No

I, hereby, give permission for the individual(s) mentioned above to be photographed to help promote Montague Parks & Recreation Programs:

Yes No

I acknowledge that in enrolling my child or myself in the above program(s), he/she has my permission to participate in all activities associated with the programs) and that I, for my own account, and on behalf of both child and parents for any registered child, hereby agree to release, remise, indemnify and hold harmless the Town of Montague, Parks & Recreation Department, Gill-Montague School District (when programs are on district property), all of their officers, staff and agents, from any claim of liability related to any accident, injury, incident, illness or loss that may occur during this/these program(s):

Signature: _____ Date _____
(If participant is under the age of 18, the signature must be provided by a parent or legal guardian)

OFFICE USE ONLY - Payment Method: Cash / Check / Money Order / Credit/Debit Card

Check/Money Order #: _____ Date of Payment: _____ Office Personnel: _____