

# Registration Form

Mail To:  
 Pepperell Recreation Programs  
 1 Main Street  
 C/O Town Hall  
 Pepperell, MA 01463

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F Allergies: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian (if child program): \_\_\_\_\_

If not available in an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

Family Doctor & Phone Number: \_\_\_\_\_

I hereby give my permission for my child(ren) to participate in Pepperell Recreation Programs, I am aware of and assume all risks and hazards incidental to such participation, including transportation to and from field trips, and I do hereby waive, release and agree to hold harmless the Town of Pepperell, its Recreation Department, sponsors, volunteers and staff for any claim arising out of injury to my son/daughter or property damage that might occur. In the event that I'm unable to be contacted in any emergency, I hereby give permission to the Town of Pepperell Recreation Department to hospitalize and/or secure proper medical treatment for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name	Date	Time	Fee
Total			

Pepperell Recreation does not discriminate on the basis of race, religion, nationality or ethnic origin, in all of its policies or programs. We reserve the right to dismiss any individual from a program if behavior is deemed inappropriate and corrective action is not taken.

Please use the reverse side to let us know if there are any certain circumstances the staff should know about your child..