

# MONTAGUE PARKS & RECREATION DEPARTMENT

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

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



## REGISTRATION FORM

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: \_\_\_\_\_

Program: \_\_\_\_\_ Dates/Session: \_\_\_\_\_ Fee: \_\_\_\_\_

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

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

**OFFICE USE ONLY - Payment Method:**

Cash / Check / Money Order Check/Money Order #: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Office Personnel: \_\_\_\_\_