

Program Registration Form

All Programs must require a registration form. You may register by mail OR in person OR online. Full payment by check or money order payable to Southborough Recreation must accompany forms. All registrations are processed first come first served on the date order they are received.

Mail form and payment to: Southborough Recreation, 21 Highland Street, Southborough, MA 01772 or you can drop it in the green mailbox outside of the Town Hall or the black mailbox in the Recreation Office at 21 Highland Street.

For further questions, please call the Recreation Office at 508-229-4452, visit <http://www.southboroughtown.com/recreation/recreation.htm> or email us at southbororecreation@charterinternet.com

Head of Household/Guardian	
Name _____	Home Phone _____
Address _____ Town _____	Work Phone _____
Email Address _____	Cell Phone _____
Emergency Contact _____	Emergency Phone _____

Family Members (should be completed for all family members registering, including heads of household)

Participant 1																					
Name _____	School _____																				
Male / Female _____ Date of Birth _____	Age _____ Grade (08/09) _____																				
Allergies / Medical Concerns _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Activity Name</th> <th style="width: 15%;">Start Date</th> <th style="width: 15%;">Time</th> <th style="width: 15%;">Session</th> <th style="width: 30%;">Fee/Check No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Activity Name	Start Date	Time	Session	Fee/Check No.															
Activity Name	Start Date	Time	Session	Fee/Check No.																	

Participant 2																					
Name _____	School _____																				
Male / Female _____ Date of Birth _____	Age _____ Grade (08/09) _____																				
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****PARTICIPATION WAIVER– Must Be Signed Below FOR ALL PROGRAMS****

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Participant or Parent/Guardian: _____ Date: _____