Greenfield

Registration Guidelines

Use one form for multiple class registrations.

Complete this form and be sure to note:

1. All contact information is complete.
2. Include payment for all classes. Checks payable to Town of Greenfield Recreation Department.
3. Mail to:
   Greenfield Recreation
   20 Sanderson St.
   Greenfield, MA 01301

OFFICE USE ONLY
Paid _____ Entered _____
Saved $5 YES _____ NO_____

Greenfield Resident _____ Non-Resident _____

Phone: 413-772-1553
Fax: 413-773-0115

Summer 2010 Greenfield Recreation Registration Form

ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY.

Parent/Guardian Name _____

Address _____

City/State/Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact other than yourself. Name _____ Phone _____

Medical Conditions or physical limitations / restrictions

LIST EACH PARTICIPANT'S INFORMATION; USE GRADE YOUR CHILD IS ENTERING IN THE FALL

Name	M/F	Birth Date	Grade	Age	Program Name & Class Number	Fee
					2010 Community Fireworks Donation	

❑ Check here if you have enclosed a self-addressed, stamped envelope -- we will mail you your receipt. **TOTAL ENCLOSED** _____

FORM OF PAYMENT ❑ Cash ❑ Check Ck #_____ ❑ Discover ❑ Visa ❑ Mastercard (Add $5 for all Credit Cards up to $500 transaction)
Account # _____ Exp. Date _____/_____

Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the Town of Greenfield Recreation Department. I also agree to forever release the Town of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the Town of Greenfield Recreation Department voluntary athletic or recreation programs. **Consent:** I hereby consent to and authorize Greenfield Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic or recreation programs.

PRINT NAME OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN _____