



# 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 City of Greenfield Recreation Department.

3. Mail to or drop off at:  
Greenfield Recreation  
20 Sanderson Street  
Greenfield, MA 01301

Website:  
greenfieldrecreation.com

Phone:  
413-772-1553

Fax:  
413-773-0115

OFFICE USE ONLY  
Paid \_\_\_\_\_ Entered \_\_\_\_\_

## Spring & Summer 2020 Greenfield Recreation Registration Form

ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY.

Greenfield Resident  Non-Resident

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	Gender	Birth Date	Grade	Age	Program Name & Class Number	Fee
					2020 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

CARD AUTHORIZATION: CARDHOLDER NAME (AS SHOWN ON CARD) \_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

**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 City of Greenfield Recreation Department. I also agree to forever release the City 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 City 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 City of Greenfield Recreation Department voluntary athletic or recreation programs. **Consent:** I hereby consent and 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 City 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 City athletic or recreation programs.

#### PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Recreation Dept for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child to be photographed/videotaped. INITIALED: \_\_\_\_\_

PRINT NAME OF PARENT OR GUARDIAN \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

