

# NR&PD PROGRAM REGISTRATION FORM

*Each participant requires his or her own form. If you have more than one child, feel free to make copies!  
Please Print and Be Sure To Complete All Sections*



**...MAIL IN**

179 Boden Lane  
Natick, MA 01760



**...FAX**

When registering by FAX you must use this form and pay by VISA/MC. Our Fax number is (508) 647-6535



**...WALK IN**

Registration forms may be dropped off at the Office from 8:00 am to 5:00 pm Monday through Friday.

**Please be specific in filling out information to avoid confusion or loss of opportunities.  
Please note that photos of your child may be used for various publicity media's.**

Participant: LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_ Area Code ( ) HOME Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_ E-Mail Address (Optional) \_\_\_\_\_

Date of Birth / / \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Last Name (If different) \_\_\_\_\_ Area Code ( ) WORK Phone # \_\_\_\_\_ Area Code ( ) CELL Phone # \_\_\_\_\_

Father's First Name \_\_\_\_\_ Last Name (If different) \_\_\_\_\_ Area Code ( ) WORK Phone # \_\_\_\_\_ Area Code ( ) CELL Phone # \_\_\_\_\_

Emergency Contact (OTHER THAN PARENTS) \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Area Code ( ) Phone # \_\_\_\_\_

### Medical Information/Release Form

- **Is there any Medical Information: Disabilities/Allergies NR&PD should be aware of?** \_\_\_\_\_
  - Should my child or I be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.
- I understand that an attempt will be made to contact me in an emergency.**
- I **realize** injuries can occur from participation in sports and other activities. I hereby waive, release, absolve, indemnify and agree to hold harmless The Town of Natick, Natick Recreation and Parks Department, their directors, instructors or assignees from any claim arising out of injury to my children or myself.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* For certain programs it is best if you list 2nd and 3rd choices in case your 1st choice is filled.

Programs Desired *	Order of Choice*	Desired			Dog Obedience		Program Cost
		Session	Day of Week	Time	Breed	Name	

Total Program Cost \$ \_\_\_\_\_

Optional donation for financial aid for the disabled and financially needy of \$1 \$ \_\_\_\_\_

**Unless otherwise stated, Out of Town Residents add \$20/program** \$ \_\_\_\_\_

Make Checks Payable to: **TOWN OF NATICK** Total Cost \$ \_\_\_\_\_

Method of Payment:  Cash  Check # \_\_\_\_\_  Credit Card

**(\*\*\$25 will be charged for returned checks\*\*)**

**Visa/MC #** \_\_\_\_\_ **Expiration Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_