

**Registration Form (Mail-in or Walk-in)**  
**Town of Amesbury Summer Recreation Programs 2014**

<b>Parent's Full Name:</b>	<b>Phone:</b>	<b>Email</b>
<b>Address:</b>	<b>Town/Zip:</b>	<b>Work/Cell Phone:</b>
<b>Parent's Full Name:</b>	<b>Phone:</b>	<b>Email</b>
<b>Address:</b>	<b>Work/Cell Phone:</b>	
<b>Emergency Contact: (Please list THREE in the order in which they should be contacted.)</b>		
<b>Name:</b>	<b>Phone:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relation:</b>
<b>Name:</b>	<b>Phone:</b>	<b>Relation:</b>
<b>Please indicate anyone who has permission to pick up your child (not listed above):</b>		

Please Print Child's Info.	Child 1	Child 2	Child 3
<b>Full Name</b>			
<b>Date of Birth /Grade in Fall</b>			
<b>Allergies</b>			
<b>Special needs/concerns?</b>			
<b>Check box for NO Photos</b>			

Participant's Name (please fill in above child info. also)	Age	Name of Program	Week # Or dates	For Park Program Only: Extended Day (8am – 5 pm) add \$60 per week	Cost	Office Use Only
						cash
						check
				Donation to scholarship fund to help families		
					<b>Total Paid:</b>	

**Any forms dropped off will be placed with that day's mail.**

\*\*Please **Make Check Payable to the "City of Amesbury"** and return form with payment to: Kathy Crowley, Recreation Director, 68 Elm St 2<sup>nd</sup> floor. All forms must be completed and paid in full to be processed.

\*\* Preschool Program, Park Program 5 and 6 year olds and 11 year olds for Tween Program must have copy of birth certificate.\*\*

Participation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\*\* E-mail: [Kathleen@amesburyma.gov](mailto:Kathleen@amesburyma.gov) or call Kathy at (978) 388-8137