



**"REC" REGISTRATION FORM** [COMPLETE 1 FORM PER PERSON]

**PLEASE PRINT ALL INFO** — more forms on website

**CHECKS PAYABLE: Town of Norwell**

RETURN TO: Town of Norwell Recreation, P.O. Box 295, Norwell, MA 02061

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
# Street Town State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Cell Phone 1 (\_\_\_\_) \_\_\_\_\_ Cell Phone 2 (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Gender: M F

Email address \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** .\_\_\_\_ .\_\_\_\_ .\_\_\_\_ **GRADE (9/09)** \_\_\_\_\_

EMERGENCY CONTACT If parent cannot be reached:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Please note allergies, medications, spec. needs \_\_\_\_\_

**Insurance Co. (mandatory for trips)** \_\_\_\_\_ **ID #** \_\_\_\_\_

I realize that participation in the programs listed on this form involves some risk but regard the benefits to outweigh the risks. I agree to hold harmless the Town of Norwell, its employees/agents from claims or liability related to any accident that may occur. I give permission for medical treatment & x-rays to be given if needed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Adult Participant or Parent (if participant under 18)

PROGRAM CODE#: \_\_\_\_\_ PROGRAM CODE #: \_\_\_\_\_

PROGRAM CODE#: \_\_\_\_\_ PROGRAM CODE #: \_\_\_\_\_

PROGRAM CODE#: \_\_\_\_\_ PROGRAM CODE #: \_\_\_\_\_