



**“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**) \_\_\_\_\_

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 #: \_\_\_\_\_

**IF REC HOOPS: T-SHIRT (ADULT SIZES)** \_\_\_\_\_ **PLAYER HEIGHT** \_\_\_\_\_