Townsend Summer Recreation 2010
Registration Form

Please print all information

Use this form for 9-12, 9-2, CIT, CIT II (must interview first), Toddler/Parent, Theater

Parent/Guardian first and last name_____

Home phone_____Cell#_____

E-mail_____

First and **last** name of each child	Age-6/28/10	Date of Birth	Shirt Size
1._____	___	_____	_____
2._____	___	_____	_____
3._____	___	_____	_____

Sizes are YS-YM-YL-AS-AM-AL-AXL (only summer rec-6 wk program, CIT and CIT II)

Address_____ Town _____ Zip Code_____

Allergies_____ Medication_____

Emergency name and #_____

This program is offered by the Town of Townsend Recreation Commission to all Townsend, Ashby and surrounding community residents and their children. By signing your name hereunder, you hereby release the Town of Townsend, its agents, officials, and employees from any and all liabilities, damages, and causes of action which may arise from your participation in this program.

_____ _____

Parent Signature Date

Medical Transportation/Treatment Release

By signing my name hereunder, I give permission for my son/daughter to be transported and/or treated by medical professionals in the case of a medical emergency. I release the Town of Townsend, its agents, officials and employees from any and all liabilities, damages and causes of action which may arise.

_____ _____

Parent Signature Date

Scooter/Biker/Walker Sign-In Waiver

By signing your name hereunder you hereby release the Town of Townsend, its agents, officials and employees from any and all liabilities, damages and causes of action which may arise from your child(ren) transporting him/herself to and from this program. All riders must wear helmets. A child without a helmet will be turned away from the program for that day.

_____ _____

Parent Signature Date

I,_____give the Town of Townsend Recreation Department permission to submit my child(ren)'s name/picture to the local newspapers/appear with name mentioned in a local cable broadcast. **Required for Theater program and talent show.**

Program – circle one: 9-12 noon, 9-2 PM, CIT, CIT II, Toddler/Parent, Day Theater, Night Theater

Weeks-circle 6/28-7/2, 7/6-7/9, 7/12-7/16, 7/19-7/23, 7/26-7/30, 8/2-8/6

Fee_____check#_____cash_____

I,_____ give my permission to give my e-mail/phone number to TRAC (Townsend Recreational Activity Council), a friends group to help raise funds for tennis courts, skateboard park and recreation center.