BEDFORD RECREATION REGISTRATION FORM Fax: 781-687-6156

Name:	Current Grade:	Sex:	D.O.B:	Home Phone:

Address:	Email:
Cell Phone:	Work Phone:
Cell Phone Provider:	

For minor participants:	For minor participants:	For all participants:
Mother's Name:	Father's Name:	Emergency Contact Name:
Work Phone:	Work Phone:	Phone:
Cell Phone:	Cell Phone:	Relationship:
Email:	Email:	

Do you or your minor child have specific health needs, allergies, physical limitations, medications or any special concerns?

Child's Soccer Shirt # if applicable: _____

Optional: Parent Volunteer to Coach/Chaperone? _____

PROGRAM NAME	DAY	TIME	FEE
Optional Neighbors Donation			

Cash: ____ Check: ____ (Make checks payable to "Town of Bedford")

Authorized MC or VISA Signature_____

Are you applying for Financial Aid (please note application procedures in brochure)? _____

I, the undersigned participant or mother, father/legal guardian of _____, a minor, do hereby consent to my, his/her participation in the programs listed below, run by the Bedford Recreation Department and do forever **RELEASE**, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and any of its employees, and agents from any and all kinds of action and claims, including but not limited to negligence, on account of or in any way growing out of directly or indirectly all known and unknown personal injuries or property damage occurring while participating in any part of the program(s) listed below, wherever it occurs, which I may now or hereafter have or as the minor has or hereafter may acquire, either before he/she has reached his/her majority resulting from his/her participation in the above Town of Bedford Recreation Department's program(s).

I consent to the use of my minor child(ren)'s/my own name, picture and/or likeness in any broadcast, photographs, motion pictures, recordings, or other accounts of any program(s), operations, activities, projects, events or tours organized, operated and/or sponsored by the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents, unless I notify the Town of Bedford Recreation Department in writing that I withdraw my consent.

Date_____ Signature_____