

**BEDFORD RECREATION REGISTRATION FORM**

FAX: 781.687.6156

|   |   |             |  |                    |
|---|---|-------------|--|--------------------|
| <b>Name:</b>  | <b>Current Grade:</b>                                   | <b>Sex:</b> | <b>D.O.B:</b>  | <b>Home Phone:</b> |
| <b>Address:</b>   |   |             | <b>Email:</b>  |                    |
| <b>Cell Phone:</b>  |   |             | <b>Work Phone:</b>   |                    |
| <b>Cell Phone Provider:</b>   |   |             | <b>Sign up for e-news? YES or NO</b><br>(Email re: Recreation updates) |                    |
| <b>For minor participants:</b><br><b>Mother's Name:</b>   | <b>For minor participants:</b><br><b>Father's Name:</b> |             | <b>For all participants:</b><br><b>Emergency Contact Name:</b>         |                    |
| <b>Work Phone:</b>  | <b>Work Phone:</b>                                      |             | <b>Phone:</b>  |                    |
| <b>Cell Phone:</b>  | <b>Cell Phone:</b>                                      |             | <b>Relationship:</b>   |                    |
| <b>Email:</b>   | <b>Email:</b>   |             |  |                    |
| <b>Do you or your minor child have specific health needs, allergies, physical limitations, medications or any special concerns?</b> |   |             |  |                    |
| 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")

|                                   |                |
|-----------------------------------|----------------|
| MC, VISA, AmEx, Discover #: _____ | Exp Date _____ |
|-----------------------------------|----------------|

Authorized Charge Card Signature \_\_\_\_\_

Are you applying for Financial Assistance? (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 it's employees, and agents from any and all kinds of action and claims, including but not limited to negligence, on account of or in anyway 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 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 \_\_\_\_\_

(Parental if participant is under 18 years of age)

**Additional forms @[www.bedfordrecreation.org](http://www.bedfordrecreation.org) or photocopy.**