

SUMMER YOUTH PROGRAM REGISTRATION FORM

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|-----------------------|-----------------------|---------------------------------|--------------------------------|--------------------|
| Name: | Current Grade: | Sex: | D.O.B: | Home Phone: |
| Address: | | Doctor's Name Phone: | | |
| Mother's Name: | Father's Name: | | Emergency Contact Name: | |
| Work Phone: | Work Phone: | | Phone: | |
| Cell Phone: | Cell Phone: | | Relationship: | |
| Email: | Email: | | | |

Highest Red Cross Swim Level Passed *For Grades 1-4 only.* _____ **DATE PASSED?** _____

Name of Facility where the highest course was passed: _____

Does your child have specific health needs, allergies, physical limitations, or medications?

Special concerns (no concern too small).

| PROGRAM NAME | SESSION | FEE | DEPOSIT | DATE PD | BALANCE | DATE PD |
|-----------------------------|---------|-----|---------|---------|---------|---------|
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| Optional Neighbors Donation | | | | | | |

For deposit information, please reference "Recreation Registration Information" in our brochure or on our website. Make checks payable to "Town of Bedford". Payment for all programs due May 2, 2014.

MC or VISA _____ Exp Date _____
Unless otherwise instructed, we will charge any outstanding balances on May 2, 2014.

Authorized MC or VISA Signature _____

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

I, the undersigned (mother, father/legal guardian of _____, a minor, do hereby consent to 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 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 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 _____

(Parental if participant is under 18 years of age)