

WESTFORD RECREATION DEPARTMENT – REGISTRATION FORM

NAME (Parents) _____

ADDRESS _____ TOWN _____ ZIP _____

E-MAIL ADDRESS (only to be used for WRD mailings) _____

HOME PHONE _____ CELL/WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

DOCTOR'S NAME _____ PHONE _____

Please list **medical conditions**, physical limitations, allergies, or restrictions WRD should be aware of: _____

NAME	PROGRAM	GRADE	FEE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
TOTAL:			_____
<p>Would you be interested in being a coach or be a parent helper? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

*****Please contact a Recreation Department member if your financial situation is preventing you from signing yourself, or your child, up for a program. Scholarships are available.*****

RELEASE/WAVIER AGREEMENT:
 I am fully aware of the inherent risk, and give my consent for the above named applicant(s) to participate in the program(s) listed above. I hold harmless the Town of Westford, Westford School, their employees, elected officials, and/or any volunteers or instructors from any and all liability from any injury, claim, costs or loss of services which may be incurred by me, or us, or our minor children on account of participation in said program(s). Permission is hereby granted for me or us, or my child(ren) to receive emergency treatment if needed and I authorize the attending physician to administer any needed medical attention. Furthermore, I certify that I, or we, or my child(ren) are in good health and that there are no limitations to my/our participation except in writing above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Signature _____ Date _____

**Send registration with check payable to:
 WESTFORD RECREATION DEPARTMENT
 Town of Westford, 1713 VT Rt.128, Westford, VT 05494**