

## Southborough Recreation Program Registration Form

1. Online - <https://activenet6.active.com/southboroughrec/>
2. By mail—please mail form and payment to 21 Highland Street, Southborough, MA 01772
3. Walk in—9:30 am to 4:30 pm, Monday through Friday
4. Drop payment and form in Green Mail Box at Town Hall or Black Mail Box at Recreation Office.

**Participant 1**

Name \_\_\_\_\_ School \_\_\_\_\_  
 Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade (12/13year) \_\_\_\_\_  
 Allergies / Medical Concerns \_\_\_\_\_  
 Photograph for publication allowed? Yes \_\_\_ No \_\_\_

Activity Name	Start Date	Time	Session	Fee/Check No.

**Participant 2**

Name \_\_\_\_\_ School \_\_\_\_\_  
 Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade (12/13year) \_\_\_\_\_  
 Allergies / Medical Concerns \_\_\_\_\_  
 Photograph for publication allowed? Yes \_\_\_ No \_\_\_

Activity Name	Start Date	Time	Session	Fee/Check No.

Family Members ( should be completed for all family members registering, including heads of household)

**Head of Household/Guardian**

Household Email Address: \_\_\_\_\_ (main source of relaying program information)  
 Address: \_\_\_\_\_ Town \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother Name: \_\_\_\_\_ Mother Cell \_\_\_\_\_  
 Father Name: \_\_\_\_\_ Father Cell: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**\*\*PARTICIPATION WAIVER– Must Be Signed Below FOR ALL PROGRAMS\*\***

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Participant or Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_