



SPRING - YOUTH 2006 REGISTRATION FORM

USE A SEPARATE REGISTRATION FORM FOR EACH PARTICIPANT

Name: _____ M / F Age: _____ Grade: _____ Bus # _____

Address: _____ Home #: _____

Town: _____ Zip _____ Parent E-Mail: _____

Parent: _____ Work# _____ Cell# _____

Parent: _____ Work# _____ Cell# _____

My child attends **Carlisle Kids' House** on the following days of the week _____

Doctor: _____ Phone#: _____ Dentist: _____ Phone#: _____

Emergency Contact: _____ Phone#: _____

Special Need/Concerns: _____

I do hereby waive, release, absolve, indemnify, and agree to hold harmless Carlisle Recreation, the Directors, sponsors, supervisors, coaches, participants, volunteers, and any person transporting me/my child to or from activities for any claim arising out of an injury to my child. I give permission for medical treatment to be given if the need arises.

Signature: _____ **Date:** _____

<u>Class Name</u>	<u>Day</u>	<u>Time</u>	<u>Session</u>	<u>Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

If (class name) _____ is fully enrolled, my second choice is (class name) _____

___ I would like to make a donation to the Recreation Gift Account (future improvements) \$ _____

___ I would like to make a donation to the Recreation Financial Aid Fund \$ _____

Make checks payable to: Town of Carlisle Amount Enclosed: \$ _____

Mail Registration and check to: Carlisle Recreation, 66 Westford St., Carlisle, MA 01741

___ I am interested in being a chaperone for ___ Early Release OR ___ After school

Name: _____ **Phone:** _____