

SUMMER 2006 YOUTH REGISTRATION FORM

Use a separate registration form for each participant

Name: _____ M/F Age: _____ Entering Grade: _____ Swim Level: _____
 Address: _____ Home # _____
 Town: _____ Zip: _____ Parent E-Mail: _____
 Parent: _____ Work # _____ Cell # _____
 Parent: _____ Work # _____ Cell # _____
 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>Session</u> (A, B and/or C)	<u>Program</u> (K-3, 4-7 or 7-10)	<u>Activity</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

___ 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 Total Amount Enclosed: \$ _____

Mail Registration and Check To: Carlisle Recreation, 66 Westford St. Carlisle, MA 01741