

Registration Form

Participant's Name: _____ DOB: _____ Age: _____ M/F: _____ Grade: _____

Address: _____ Town: _____ Zip: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Relationship to Participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Participant is Under 18 Please Complete the Following:

Parent/Guardian Name: _____ Relationship to Participant: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship to Participant: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Alternate Emergency Contact: _____ Relationship to Participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Allergies/Concerns: _____

LIST SELECTIONS BELOW			
ACTIVITY _____	SESSION/DATE _____	TIME _____	FEE _____
ACTIVITY _____	SESSION/DATE _____	TIME _____	FEE _____
ACTIVITY _____	SESSION/DATE _____	TIME _____	FEE _____
ACTIVITY _____	SESSION/DATE _____	TIME _____	FEE _____
ACTIVITY _____	SESSION/DATE _____	TIME _____	FEE _____

ALL CHILDREN MUST BE THE APPROPRIATE AGE BY THE START OF THE ACTIVITY

NON-RESIDENTS ADD \$10: _____

TOTAL AMOUNT DUE: _____

We accept MasterCard & Visa, cash & checks (payable to the "Town of Westford"). There is a \$25.00 service fee for all returned checks.

HOW TO REGISTER

On-line: Register at www.westfordrec.com. Follow the directions, you will receive a confirmation via e-mail.

Mail: Complete registration form, include check or credit card information and mail to: Westford Recreation, PO Box 2444, Westford, MA 01886

Walk-In: Registrations & payment accepted Mon – Fri, 8am-4pm. After hours, use mail slot in the front door.

Forms for programs with registration deadlines must be received by the required deadline or a late fee will apply.

METHOD OF PAYMENT

Check: Made payable to "Town of Westford"

Cash

Credit Card: Master Card or Visa

Card Number: _____

Name on Card: _____

Expiration Date: ____/____ (mm/yy)

Cardholder Signature: _____

Date: ____/____/____ (mm/dd/yy)

Participation in the above program(s) may involve some risk of personal injury. I hereby release and covenant to hold harmless Westford Recreation Department, its agents and employees from any and all actions, claims and damages for personal injury that I or my child(ren) may have sustained or may have incurred as a result of participation in the above program(s).

Signature: _____ Date: _____