



**"REC" REGISTRATION FORM [May copy or print from website]**  
**CHECKS PAYABLE: Town of Norwell**

RETURN TO: Town of Norwell Recreation, P.O. Box 295, Norwell, MA 02061

PARTICIPANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
# Street Town State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Mom's Work # (\_\_\_\_) \_\_\_\_\_ Dad's Work # (\_\_\_\_) \_\_\_\_\_

Mom's Cell # (\_\_\_\_) \_\_\_\_\_ Dad's Cell # (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

**AGE** \_\_\_\_\_ **DATE OF BIRTH** . \_\_\_\_ \_\_\_\_ \_\_\_\_ **GRADE** \_\_\_\_\_

EMERGENCY CONTACT If parent cannot be reached:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

Please note allergies/medications/spec. needs \_\_\_\_\_

**Insurance Co. (mandatory for trips)** \_\_\_\_\_ **Member #** \_\_\_\_\_

I realize that participation in the programs listed on this form involves some risk but regard the benefits to outweigh the risks. I agree to hold harmless the Town of Norwell, its employees/agents from claims or liability related to any accident that may occur. I give permission for medical treatment & x-rays to be given if needed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Adult Participant or Parent (if participant under 18)

PROGRAM CODE#: \_\_\_\_\_ PROGRAM CODE #: \_\_\_\_\_

PROGRAM CODE#: \_\_\_\_\_ PROGRAM CODE #: \_\_\_\_\_