



“REC” REGISTRATION FORM [COMPLETE 1 PERSON PER FORM]
PLEASE PRINT ALL INFO — more forms on 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) _____

Cell Phone 1 (____) _____ Cell Phone 2 (____) _____

Work Phone (____) _____ Gender: M F

Email address _____

AGE _____ **DATE OF BIRTH** . ____ ____ ____ **GRADE (as of Sept)** _____

EMERGENCY CONTACT If parent cannot be reached:

Name _____ Phone (____) _____ Relationship _____

Please note allergies/medications/spec. needs _____

Insurance Co. (mandatory trips/extreme) _____ ID # _____

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 #: _____
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