



WINTER 2017 NORWELL RECREATION REGISTRATION FORM
PLEASE PRINT ALL INFORMATION "ONE FORM PER PERSON"
PLEASE MAKE CHECKS PAYABLE TO: Town of Norwell



RETURN TO: Town of Norwell Recreation, P.O. Box 295, 345 Main St. Norwell, MA 02061

PARTICIPANT NAME _____ **Gender:** M F

ADDRESS _____
 # Street Town State Zip

Home Phone (____) _____ **Parent's Name(s)** _____

Cell Phone 1 (____) _____ **Work Phone** (____) _____

Email address _____

AGE _____ **DATE OF BIRTH** ____ ____ **SCHOOL GRADE ('16)** _____

EMERGENCY CONTACT If parent cannot be reached:

Name _____ **Phone** (____) _____ **Relationship** _____

Please note allergies, medications, spec. needs _____

Insurance Co. _____ **ID#** _____

I consent to participation in Town of Norwell recreation programs ("The Town"). I agree to forever release The Town, their employees, agents, volunteers and any and all individuals and organizations assisting or participating in programs from any and all claims, rights of action and causes of action that may have arisen in the past or future, directly or indirectly, from personal injuries to myself or property damage resulting in The Town's programs. I promise to indemnify, defend, and hold harmless the Releasees against all legal claims and proceedings that may have been asserted in the past or in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in The Town's recreation programs. I further affirm that I have read and understand the contents of this form. I give permission for medical treatment to be given if necessary and grant permission for use of photographs to be taken and used in promotional material.

Signature _____ **Date:** _____

PROGRAM CODE#: _____
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