



**FALL 2019 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 ('19)** \_\_\_\_\_

**EMERGENCY CONTACT If parent cannot be reached:**

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

**Please note allergies, medications, spec. needs** \_\_\_\_\_

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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