



Phone: 413-772-1553

Fax: 413-773-0115

## 2018-2019 Greenfield Recreation After School Program Registration Form

**ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY.**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact other than yourself. Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions or physical limitations / restrictions \_\_\_\_\_

### LIST EACH PARTICIPANT'S INFORMATION; USE GRADE YOUR CHILD IS IN

Name	M/F	Date of Birth	Grade	Age	Program Name
					Four Corners After School
					Four Corners After School
					Four Corners After School
					Four Corners After School

**Please select the days your child(ren) will attend. Minimum of two days required.**

**Your child will automatically be registered for your selected days for the entire 2018-2019 school year.**

Monday
  Tuesday
  Wednesday
  Thursday
  Friday

**Release and Waiver Agreement:** I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the Town of Greenfield Recreation Department. I also agree to forever release the Town of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the Town of Greenfield Recreation Department voluntary athletic or recreation programs. **Consent:** I hereby consent to and authorize Greenfield Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic or recreation programs.

PRINT NAME OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

## Registration Guidelines

**Use one form for multiple class registrations.**

**Complete this form and be sure to note:**

1. All contact information is complete.
2. Include payment for all classes. Checks payable to Town of Greenfield Recreation Department.
3. Mail to:  
Greenfield Recreation  
20 Sanderson St.  
Greenfield, MA 01301



OFFICE USE ONLY	
Paid _____	Entered _____