



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 City of Greenfield Recreation Department.
3. Mail to or drop off at:
**Greenfield Recreation
 20 Sanderson Street
 Greenfield, MA 01301**

Website:
 greenfieldrecreation.com
Phone:
 413-772-1553
Fax:
 413-773-0115

OFFICE USE ONLY
 Paid _____ Entered _____

REC the NIGHT Greenfield Recreation Registration Form

ONE PER HOUSEHOLD. PLEASE PRINT CLEARLY.

Greenfield Resident Non-Resident

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 CURRENTLY IN

Name	Gender	Birth Date	Grade	Age	Program Name & Class Number	Fee
					REC the NIGHT Series	
					Register only once to enroll	
					in the entire series.	FREE
					2020 Community Fireworks Donation	

Check here if you have enclosed a self-addressed, stamped envelope -- we will mail you your receipt. **TOTAL ENCLOSED** _____

FORM OF PAYMENT Cash Check Ck # _____ Discover Visa Mastercard

CARD AUTHORIZATION: CARDHOLDER NAME (AS SHOWN ON CARD) _____

CARD # _____ EXP. DATE ____/____/____ CVV _____

BILLING ADDRESS: _____

STREET

CITY

STATE

ZIP

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 City of Greenfield Recreation Department. I also agree to forever release the City 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 City 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 City of Greenfield Recreation Department voluntary athletic or recreation programs. **Consent:** I hereby consent and 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 City 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 City athletic or recreation programs.

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Recreation Dept for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do _____ I do NOT _____ give permission for my child to be photographed/videotaped. **INITIALED:** _____

PRINT NAME OF PARENT OR GUARDIAN _____ SIGNATURE _____ DATE _____

