

Southborough Recreation Program Registration Form

4 Ways to Register

1. Online—<https://activenet6.active.com/southboroughrec/>
2. By mail- please mail form and payment to 21 Highland Street, Southborough, MA 01772
3. Walk in—9:30 am to 4:30 pm, Monday through Friday
4. Drop payment and form in **Green mail box** at Town hall or **Black Mail box** at Recreation Office

PARTICIPANT 1

Name _____ School _____
 Male / Female Date of Birth _____ Age _____ Grade (09/10) _____
 Allergies / Medical Concerns _____

Activity Name	Start Date	Time	Session	Fee/Check No.

PARTICIPANT 2

Name _____ School _____
 Male / Female Date of Birth _____ Age _____ Grade (09/10) _____
 Allergies / Medical Concerns _____

Activity Name	Start Date	Time	Session	Fee/Check No.

Family Members (should be completed for all family members registering, including heads of household)

Head of Household/Guardian

Household E-mail Address: _____ (main source of relaying program information)
 Address: _____ Town: _____ Zip: _____ Home Phone: _____
 Mother Name: _____ Mother Cell: _____
 Father Name: _____ Father Cell: _____
 Emergency Contact: _____ Emergency Phone: _____

****PARTICIPATION WAIVER– Must Be Signed Below FOR ALL PROGRAMS****

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Participant or Parent/Guardian: _____ Date: _____