

MANSFIELD PARK & RECREATION DEPARTMENT

REGISTRATION FORM

Please complete a separate form for each family member.
 Following each program description is a bold-type number code.
 To register for a program, enter the corresponding code into the registration form.

Participant Name: _____

Date of Birth: _____ Age: _____ Grade (07-08): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian Name: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Medical Conditions (allergies, medications, etc.): _____

For tennis only — Ability (please circle): Beginner Advanced Beginner Intermediate Advanced

Program Code	Program Name	Day	Time	Fee

As parent/guardian of the above listed child, (or adult participant named above) I certify that said child has my permission to attend and participate in the above listed activities. In signing this form, I hereby waive and release all other participants, the sponsors and the Town of Mansfield and all other officials and volunteers. I also hereby grant the unconditional right to use the name, voice and photographic likeness of the child in connection with any of audio/video productions, articles, or press releases, but not as an endorsement.

I, the undersigned, will not hold the Town of Mansfield, Mansfield School Department, or any of its employees, volunteers, Recreation Commission, Park & Recreation Director and/or Assistant Director, liable in the event of a mishap, personal injury, damage or loss of property during the listed event.

Signature: _____ Date: _____