

Cohasset Recreation Registration Form

Participant Name _____ DOB _____ Age _____ Grade _____ M/F (Circle)

Address _____ Email Address _____

Town _____ Zip _____ Home Phone _____

Mom's Cell # _____ Mom's Work # _____

Dad's Cell # _____ Dad's Work # _____

Emergency Contact – if parent cannot be reached at the above #

Name _____ Phone _____ Relationship _____

| | |
|-----------------------|---------------------------|
| PROGRAM: _____ | CLASS/DAY _____ |
| TIME: _____ | AMOUNT PAID: _____ |

Office Use Only – Received _____ Check # _____

Relevant Medical Information (allergies, etc.):

Family Physician _____ Phone: _____

Insurance Company Name _____ Policy # _____

Policies and Procedures

1. Registration will begin immediately and will continue until programs are filled on a first paid, first served basis or a deadline specified. Check or money order should be payable to: **Town of Cohasset**. Please include registration form with check.
2. All fees are payable in advance to Cohasset Recreation. Individuals are registered only when full payment and registration is received by the Recreation Department. Financial assistance is available for most programs; considerations should be expressed to the Recreation Administrator.
3. The Recreation Department reserves the right to postpone, cancel or change a program for any reasonable cause. The Recreation Department maintains a no refund policy unless a program is cancelled or postponed.
4. Please note all information on your calendar. You may call us to confirm your mail-in or drop off registration.
5. Proper behavior in Recreation programs is expected at all times. If improper behavior persists, individuals will be excused from further participation in Recreation programs.

RELEASE: I/we understand the activities of this program or event, its rules and requirements and its potential risks. I/we accept these conditions and hereby grant permission for my/our child's participation. I/we hereby forever release the Town of Cohasset, Town of Cohasset School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my/our child while participating in the program or event except for damages caused solely by the negligence of the Town of Cohasset, the Town of Cohasset School Department or its officers, employees, agents or volunteers. I/we hereby agree to indemnify and hold harmless the Town of Cohasset, the Town of Cohasset School Department and its officers, employees, agents and volunteers with respect to any such claims for damages which are not caused solely by the negligence of the Town of Cohasset, the Town of Cohasset School Department, or its officers, employees, agents or volunteers.

Signature of Parent or Guardian (if participant is under 18) Date _____