

NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM

Today's Date: ____/____/____

PLEASE PRINT LEGIBLY

New to Northampton Parks & Recreation I have updated my Information

<p>ADULT 1</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Phone: (H) (____) _____ (W) (____) _____</p> <p>Cell (____) _____</p> <p>Email: _____</p>	<p>ADULT 2</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Phone: (H) (____) _____ (W) (____) _____</p> <p>Cell (____) _____</p> <p>Email: _____</p>
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EMERGENCY CONTACT OTHER THAN PARENT

Name _____

Phone (____) _____

Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?

Yes No

PARTICIPANT'S FULL NAME: _____ Gender _____

Date of Birth _____ School _____ Current Grade _____ (Fall 2018)

Program Name	Session	Day(s)	Level	Start Date	Basic Fee	Non-Res Fee (where applicable)	Total Fee
					\$	\$	\$
					\$	\$	\$
TOTAL FEE FOR PARTICIPANT							\$

PASS PURCHASE

Pass	Pass Type	Pass Length	Fee	Special Considerations/Comments (Use back if necessary)																				
Aquatic Center	Res: Adult Family Senior Youth	6 Month 12 Month	\$	_____																				
	Non-Res Adult Family Senior Youth																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Pass Holder's Name(s)</th> <th style="width: 10%;">Gender</th> <th style="width: 10%;">DOB</th> <th style="width: 10%;">Pass/Tag# Issued</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<p style="text-align: right; font-weight: bold; font-size: 1.2em;">TOTAL AMOUNT DUE</p> <div style="border: 2px solid black; width: 100px; height: 30px; margin-left: auto; margin-right: 0;">\$</div>
Pass Holder's Name(s)	Gender	DOB	Pass/Tag# Issued																					
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Recreational and Volunteers Activities Release Form

I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton.

I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton 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 myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

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 participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs.

Participant Signature or Parent/Legal Guardian if under 18 years old: _____ Date: _____

Charge my VISA ___ Master Card ___ Discover ___ Card # _____ Expiration _____

Name on Card _____ Signature _____

Office Use Only: Amt Rec'd \$ _____ Cash ___ Check # _____ Credit ___ Date _____ RT Date _____ Staff _____