

INFORMATION	CHILD 1	CHILD 2
Child's Name - First & Last		
Gender		
Date of Birth		
Grade		
School		
Allergies and/or Special Conditions		
Can we use your child's photo in marketing?	YES NO	YES NO
Is your child allowed to walk/bike to & from the program?	YES NO	YES NO

High School Tennis Fees: \$120.00 Residents / \$130.00 Non-Residents

Financial assistance is available to residents who qualify. Contact the Parks & Recreation Department for details.

INFORMATION	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
First & Last Name		
Street Address		
City/Town & Zip Code		
Primary Number		
Secondary Number		
Email Address		
Emergency Contact: <i>Full Name & Phone Number</i>		

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 Signature if under 18 years old: _____ Date: _____

PAYMENT

Charge my: Visa ___ Master Card ___ Discover ___ Card Number: _____ Exp. Date: _____

Cardholder's Name: _____ Signature: _____

(Checks payable to: NPRD)

- OR -

Total Enclosed: \$ _____ Mail/drop off to Northampton Parks & Recreation, 100A Bridge Road, Florence, MA 01062

FOR OFFICE USE ONLY

Amount Received \$ _____ Date _____ By Staff _____