

Holliston Recreation Registration Form 2011

One participant per registration form please, copies accepted

Please make checks payable to: Town of Holliston

Mail Registrations to: 100 Linden St., Holliston, MA 01746 508-429-2149

Participant Name _____ (_____) _____
Home Phone

Date of Birth _____ Age _____ Grade (as of Sept 2011) _____ Sex: M F

Address _____ City/Town _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Email address (please provide if you want to receive recreation information, we will not give this email to any outside organizations)

Emergency Information

Emergency Contact Name _____ Daytime Phone _____ Cell Phone _____

Is there any Medical Information/Disability we should be aware of?

List any allergies:

List any medications:

Should my child or I be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

Signature _____ Date: _____

Program	Session	Date	Time	Cost

IMMUNIZATION/PHYSICAL FORMS:
We are required by the Board of Health to maintain a current physical/immunization form for each program participant. These forms must be received by this office no later than Tuesday June 1st. Even if you have turned in a copy to us in the past, you are still required to bring in/mail-in a new copy no later than June 1st, 2011.

Total Cost \$ _____

Office Use Only:

Received ___/___/___

Check # _____

Amt. \$ _____

In Computer ___/___/___

IMMUNIZATION & PHYSICAL FORM _____

Holliston Recreation Consent and Release Form

I, the undersigned _____ of _____,
(If minor, relationship to participant) Name of participant

A minor, do hereby consent to my child's participation in voluntary recreation programs of the Town of Holliston.

I also agree to forever release the Town of Holliston, the Recreation Department, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the Town 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 my child or property damage resulting from my child's participation in the Town of Holliston recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releases 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 my child or property damage resulting from my child's participation in the Town of Holliston 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 child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Holliston's recreation programs with full knowledge that the releases will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town recreation programs.

I have read and understand the Holliston Recreation Department Information and Policies.

Photographs/videos are frequently taken during our programs for use in promotional services.

Signed

Date

REGISTRATION INFORMATION AND POLICIES

Mail Registrations to: 100 Linden St., Holliston, MA 01746

Make checks payable to: Town of Holliston

1. Space is limited. All programs are "first come, first served". A minimum number of participants are required for programs to run.
2. We do not confirm registrations by phone, mail, or email. You will be notified if the program is full or cancelled.
3. The Recreation Department reserves the right to correct mistakes made in this brochure at the time of print.
4. The Recreation Department will make every effort to run programs rain or shine. However, in the event of extreme weather conditions, we reserve the right to cancel a program for that day. Programs will be cancelled automatically when schools are closed. No refunds for cancellations due to weather.
5. We do not prorate courses, full payment is due with registration.
6. Refunds are only given if:
 - A. The Recreation Department cancels a program
 - B. You have mailed in a registration and no openings exist in the program
 - C. You request to withdraw from a program in sufficient time that a replacement can be found and no cost has been incurred because of your withdrawal. A 25% fee per participant per program will be assessed on withdrawal.
Additionally, due to the high demand for slots in Outdoors at Goodwill, Junior Patoma and Senior Patoma the following cut-off dates will apply:
 - ~Requests for refunds received between March 31 and May 31: 25% of program cost cancellation fee will be withheld.
 - ~Requests for refunds received between June 1 and June 30: 50% of program cost cancellation fee will be withheld.
 - ~No refunds for withdrawals after June 30th.
 - D. Refunds will not be given for no-shows and withdrawals from trips.
 - E. Refund forms are available in the Recreation Office.
7. A \$25.00 service charge will be assessed for all returned checks.
8. You must fill out the registration forms completely. Incomplete forms will be processed last.
9. Participants must be age specified by the date the program starts.
10. For questions or more information, please call the Recreation Department at 429-2149 or visit our web site at: www.townofholliston.us/park.htm
11. Medical Forms: **we require a current physical & immunization form.**