

Holliston Parks & Recreation 2018

**One participant per registration form. Please make checks payable to: Town of Holliston
Mail/drop-off registrations to: 1750 Washington Street Holliston MA 01746 (508) 429-2149**

Participant Information

Name: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Home Phone: _____ Cell Phone: _____

Email: _____

Birth Date: _____ Age: _____ Grade entering Fall 2018: _____

Emergency Contact Information

Name: _____ Relationship to participant: _____

Primary Phone: _____ Alternate Phone: _____

Medical Information

We are required by the Board of Health to collect current physical/immunization forms for participants annually. In order for your child to participate in our programs, these forms MUST be received by June 1, 2018

Pertinent medical info/allergies/medications: _____

Program Name	Start Date	Time	Cost

*******IMPORTANT: SIGNATURE REQUIRED*******

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: _____

Summer Programs at Goodwill & Patoma ONLY:

Swim level: Beginner ____ Intermediate ____ Advanced ____

T-Shirt Size: YS YM YL AS AM AL

Date Received: _____ Date Entered: _____ Cash or Check # _____ Amount: _____

Registration Information and Program Policies

- Participants are required to have a current physical/immunization form on file each year. The deadline for dropping off these forms for summer programs is June 1, 2018
- Space is limited. A minimum number of participants are required for each program to run.
- We do not confirm registrations. You will only be notified if the program is full or cancelled.
- The Recreation Department reserves the right to correct mistakes in this brochure and online.
- We make every effort to run our programs rain or shine. In the event of extreme weather, we reserve the right to cancel a program. There are no Recreation Programs when school is cancelled.
- We do not prorate program fees. Full payment is due at the time of registration.
- Participants must be the required age indicated by the start of the program.
- In order to accommodate the rising number of children with allergies, our programs are now nut free. Please no peanut butter, etc. for snacks or lunches.
- Requests for refunds (or changes to an existing registration) must be made in person or via a phone conversation directly with the Recreation Department; please **DO NOT** use the general office email (hollistonparkrec@holliston.k12.ma.us) as that inbox is not checked daily.

Refund Policy:

- Refunds (less a 25% fee) will be issued only if 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. We do not refund after the start of a program.
- Medical refunds will be issued if a participant is unable to attend class due to a prolonged illness or injury (3 or more weeks). Your request must be made prior to the end of the program session and must be accompanied by a doctor's note.
- Special Refund Policy for Outdoors at Goodwill Park, Junior Patoma, Senior Patoma, Counselor-in-Training and Great-Get-a-Ways:
 - ⇒ Requests for refunds received from Feb 5 thru Jun 1 --15% program fee withheld
 - ⇒ Requests for refunds received from Jun 2 thru the start of the program—25% fee withheld
 - ⇒ We do not refund after the start of a program unless there is a medical issue or unusual circumstances

Holliston Recreation Consent and Release Form Participation of a Minor

I, the undersigned _____, _____ of _____ a minor
(print name) (relationship to participant) (name of participant)
do hereby consent to _____'s participation in any and all recreation programs organized, operated by,
(name of participant)
or occurring on land or property owned or controlled by the Town of Holliston.

As a condition of participation, I hereby release and discharge the Town of Holliston, including but not limited to its Recreation Department, employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any such recreation programs, from any and all damages, claims, rights, and causes of action that may result from or relate to the participant's engaging in any program. This release is intended to cover any and all personal injuries or property damage, however such injuries or damage occurs or is caused, whether directly or indirectly related to any recreational program, and regardless of the status of any person who may be involved. I acknowledge that I am aware that other participants or persons involved in Town recreation programs may or may not be employees or agents of the Town, may or may not be specially trained for any program or activity, and may not have been screened or reviewed for any purpose by the Town. I expressly agree to and accept any risks associated with the participant's interaction with any such person and acknowledge that the Releasees have no duty in connection with any participant. I agree to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may be asserted by or on behalf of the participant in connection with his/her participation in any recreation program.

I affirm that I have read this Consent and Release Form and that I understand its contents. I further represent that I am legally authorized to execute this form as the parent or guardian of the participant. I understand that his or her participation in recreation programs is voluntary and the programs are provided without fee. I have read or been provided with a copy of the Holliston Recreation Department Information and Policies. I agree, for myself and on behalf of the participant, to abide by all Town policies.

I am aware that photographs and/or videos are frequently taken during Town of Holliston recreational programs for use in promotional activities by the Town. I authorize Holliston to use any and all such photos or videos that may include likenesses of the participant for such purposes.

This Consent and Release Form shall remain valid and binding until expressly revoked by me in writing. Any such revocation shall take effect only upon actual receipt by the Recreation Director for the Town of Holliston and only as the participant no longer participates in any Town recreation program. I agree that, once any such revocation is delivered, it shall be my responsibility to ensure that the participant does not participate in any recreation program until and unless a new Consent and Release Form is properly executed.

Parent/guardian Signature

Date