

Program Registration Form



Please make check or money order payable to Westfield Parks & Recreation Dept.

Please check if address below is new:

Parent/Guardian First Name _____ Last _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Day Phone _____ Cell Phone _____

Emergency Name _____ Emergency Number _____

Email Address _____ T-Shirt Size (Please circle) YXS YS YM YL AS
AM AL AXL AXXL

Does your child have any allergies, or need any special assistance?

Participant Information

First	Last	M/F	Age	DOB	Program	Session/Dates	Fee

*Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in the above described activity. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the City of Westfield, its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Westfield does not provide accident/medical insurance for program participants. In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Total Program Fees \$
Credit \$
Sub Total \$
Add Up (Youth Scholarship Fund) \$
Adding up your program fee helps provide financial assistance for those unable to afford the programs fee for youth.
Total \$

ALL ADULT PARTICIPANTS MUST SIGN BELOW. IN ADDITION THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR REGISTRANTS UNDER 18

Signature (Parent/Guardian if participant is under 18)

Date

Please mail check or money order to:
Westfield Parks & Recreation Dept.
4 Holcombe Street
Westfield, MA 01085