

**Leominster Recreation Department**  
**FALL AND WINTER Programs 2004-05**

The Recreation Department is hosting a variety of programs this coming WINTER. Please use this registration form to sign-up for youth program and/or per-school program, etc. Please write in the program you are registering for. We greatly appreciate your help with speeding up the registration process.

**PROGRAM REGISTERING FOR:** \_\_\_\_\_

Participant Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**FOR OFFICE USE ONLY: CHECK # \_\_\_\_\_, CASH \_\_\_\_\_**

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Mother's Name: \_\_\_\_\_ ( ) Mother's Phone #: \_\_\_\_\_  
( ) Mother's Work #: \_\_\_\_\_ ( ) Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Father's Phone #: \_\_\_\_\_  
( ) Father's Work #: \_\_\_\_\_ ( ) Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
ACTIVITY RESTRICTIONS: \_\_\_\_\_  
MY CHILD HAS PERMISSION TO WALK/RIDE BIKE TO PLAYGROUND:  
YES\_\_NO\_\_  
MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

**PHOTOGRAPHY CONSENT AND WAIVER**

- \_\_\_ My child \_\_\_\_\_ has permission to be photographed during Recreation programs for publicity purposes by members of the press.
- \_\_\_ My child \_\_\_\_\_ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.
- \_\_\_ My child \_\_\_\_\_ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)  
**Sign Here:** Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Non-Resident Fee: Add \$5.00 per program. THIS FORM MAY BE DUPLICATED.  
LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453