

Mashpee Recreation Registration Form
(One Person Per Form)

Name of Participant: _____ Email: _____

Phone: _____ Mobile: _____

Address: _____ Town: _____ St: _____ Zip: _____

DOB: _____ Age: _____ Grade: _____ Gender: _____ Shirt size: _____

In case of an emergency, please notify:

Name: _____ Phone: _____

Medical Conditions/Allergies: _____

PROGRAM NAME:	FEE	START DATE
_____	_____	_____
_____	_____	_____

MC/VISA # _____ Exp _____

Make checks payable to "Town of Mashpee" and mail to: Town of Mashpee, Recreation Department, 16 Great Neck Road North, Mashpee, MA 02649.

HOLD HARMLESS CLAUSE: I, the undersigned parent/guardian or participant, do hereby consent to my/their participation in voluntary athletic, recreation, or community education programs of the Town/City, or Public School of Mashpee.

I also agree to forever release the Town/City of Mashpee, the School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation, or community education programs of the Town/City or Public Schools ("the Releases") 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 or Public School of Mashpee voluntary athletic, recreation, or community education 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 participation, or my child's participation in the Town/City or Public School of Mashpee voluntary athletic, recreation, or community education 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, or 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 participation, or my child's participation in the Town/City or Public School's athletic, recreation, or community education 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/City or Public School athletic, recreation, or community education programs.

Print Name: _____ Date: _____

Signature: _____