



BILLERICA RECREATION DEPARTMENT
 248 BOSTON ROAD * BILLERICA, MA 01821
 978-671-0921 * FAX 978-671-0927 * www.town.billerica.ma.us
 Email: billericarecreation@town.billerica.ma.us
REGISTRATION FORM

Household Contact Information	Adult/Parent/Guardian: First and Last Name				
	Address				
	Town		State		Zip Code
	Home Phone	Work Phone	Cell Phone	E-mail	
	Secondary Adult/Parent/Guardian: First and Last Name				
	Address				
	Town		State		Zip Code
	Home Phone	Work Phone	Cell Phone	E-mail	

Emergency Contact: In case we can not reach you at the numbers listed above, who should we call?

Name _____ Phone Number _____

Program Participant Name*	Sex	Date of Birth	School*	Grade*	Program Name	Session #	Fee	
<i>*If participant is a child under age 18, please indicated current school and grade along with birthdate.</i>							Total	

Special instructions, allergies and/or information that an instructor needs to be aware of: _____

This is to certify that the above registered individual has my permission to participate in the program indicated above being conducted by the Billerica Recreation Department or its agents. I hold harmless any member of the Recreation Department or its agents from any and all injuries that might be sustained by the participant during the program. Further, this verifies that the participant is up to date with his/her immunizations and is able to participate in all activities. In the event of injury, I grant permission to provide/acquire medical care or assistance. By registering for a program, I give Billerica Recreation permission to take and publish photos of me or my dependent participating in these programs. Pictures and names may be used for promotion of programs and services offered by the Billerica Recreation Department. (If you do not wish to be photographed, a written statement must be received with this form.)

Signature of Adult/Parent/Guardian _____ Date _____

Date _____ Fee Paid _____ Check _____ Cash _____ Balance _____ RCVD by _____