

# SALEM RECREATION REGISTRATION FORM

**NO REGISTRATION WILL BE COMPLETED  
WITHOUT PAYMENT**

**YOU MUST PRE-REGISTER FOR ALL PROGRAMS**

## FOR OFFICE USE ONLY

DATE: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

CASH/CHECK#: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

Name/Adult: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **ASSUMPTION OF LIABILITY**

Participation in the activity may involve risk of injury. 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 Town of Salem, its employees, contracted instructors and volunteers from the liabilities which may occur while participation in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Salem 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 can not be reached at the phone numbers provided. I also hereby give my permission to the Town to use any photographs, motion pictures, recordings, or any other media record as said activities in which I and/or said child(ren) appear for any lawful purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if participant is under 18

\_\_\_\_\_  
Date

**CANCELLATION POLICY: No refunds will be given within two weeks prior to start of program if you choose not to participate in the program. A minimum of participants must be registered in order for program to be held. Payment will be refunded if program is cancelled.**

<u>Participant Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Activity</u>	<u>Session</u>	<u>Cost</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**NON-RESIDENT FEE (\$5.00 PER CLASS):** \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

**PLEASE SEND FORM TO:** Town of Salem Recreation, 270 Hartford Road, Salem, CT 06420

**PLEASE MAKE CHECKS PAYABLE TO:** Town of Salem

**INFO/INQUIRIES:** recreation@salemct.gov | 860.859.3873, x275 | www.salemct.gov