

# **NORFOLK RECREATION REGISTRATION FORM**

## **PLEASE USE SEPARATE FORMS FOR EACH PERSON & EACH SESSION**

Register with this form and a check (or cash) payable to Norfolk Recreation and bring or mail to Norfolk Recreation, 1 Liberty Lane, Norfolk. MA 02056 OR Register on line at [www.virtualnorfolk.org/rec](http://www.virtualnorfolk.org/rec).

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone(s) home/cell: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Allergies \_\_\_\_\_ Alt. P/U person: \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself and/or my minor child, hereby release and hold harmless the Town of Norfolk, Norfolk Public Schools, King Philip Regional Schools, and all their officers, employees, contract employees, volunteers, and agents from any claims, causes of action or liability arising or relating in any way to any injuries that I or my child might sustain from my or my child's participation in Norfolk Recreation activities including such claims or causes of action that I/he/she may now have or thereafter acquire (either independently or as a parent of said child) or that my child may have or hereafter may acquire.

**SIGNATURE:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrations are subject to all registration policies including No Refund policy.  
Policies are on-line and on page 2 of our brochure.**

I would like to apply to the Fee Reduction Program. \_\_\_\_\_  
Please briefly explain the reasons or call Recreation Director at (508)520-1315

# **NORFOLK RECREATION REGISTRATION FORM**

## **PLEASE USE SEPARATE FORMS FOR EACH PERSON & EACH SESSION**

Register with this form and a check (or cash) payable to Norfolk Recreation and bring or mail to Norfolk Recreation, 1 Liberty Lane, Norfolk. MA 02056 OR Register on line at [www.virtualnorfolk.org/rec](http://www.virtualnorfolk.org/rec).

Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone(s) home/cell: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Allergies \_\_\_\_\_ Alt. P/U person: \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself and/or my minor child, hereby release and hold harmless the Town of Norfolk, Norfolk Public Schools, King Philip Regional Schools, and all their officers, employees, contract employees, volunteers, and agents from any claims, causes of action or liability arising or relating in any way to any injuries that I or my child might sustain from my or my child's participation in Norfolk Recreation activities including such claims or causes of action that I/he/she may now have or thereafter acquire (either independently or as a parent of said child) or that my child may have or hereafter may acquire.

**SIGNATURE:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrations are subject to all registration policies including No Refund policy.  
Policies are on-line and on page 2 of our brochure.**

I would like to apply to the Fee Reduction Program. \_\_\_\_\_  
Please briefly explain the reasons or call Recreation Director at (508)520-1315