

Marlborough Parks & Recreation Registration Form

Please print using black or blue ink.

Parent or legal guardian must complete this form.

Adult First Name	MI	Last Name	Address
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Primary Phone (Required)	Alternate Phone	Emergency Phone (Required)	Email
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Activity #		Participant Name		Date of Birth	Sex	Program Name	Fee
First Choice	Second Choice	First	Last				

	Total:
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SPECIAL CONCERNS: list any special needs or health related concerns of participant:	Scholarship Donation
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Send completed forms and payments to: Marlborough Parks and Recreation • PO Box 29 • Marlborough, CT 06447	Grand Total:
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<p>WAIVER AND PHOTO RELEASE I hereby agree to hold harmless the Town of Marlborough and its agents for any accidental injury caused by participation in any Town sponsored activities. In signing this form, it is understood the Marlborough Parks and Recreation Commission, the Parks and Recreation Department, and the Town of Marlborough DO NOT assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Marlborough Parks and Recreation Commission. Photos taken during programs may be used for promotional purposes. Please notify Parks and Recreation if you do not want picture published.</p>	For more information, contact Parks and Recreation at: 860-295-6203.
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PAYMENT TYPE: Cash ____ Check ____ Check # ____ Visa ____ MC ____ Credit Card # _____ Exp. Date: _____ 3 Digit Security Code _____

X Signature	Date
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