- Make Check Payable to: **Plymouth Recreation Department**
  26 Court St / Plymouth, MA 02360 / 508-747-1620 Ext. 10137
- ***WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER***
- Refund requests must be submitted no later than 5 business days before the start of any program.
- There will be a $10 processing fee for all refunds requested.
- Credit card purchases are refunded by check.
- There is a $25 charge for any returned checks.
- There is a $10 non-resident fee for all programs.
- **ONLY E-MAIL CONFIRMATIONS WILL BE SENT OUT! PLEASE KEEP A RECORD OF ALL PROGRAM INFORMATION.**

For Office Use

Cash $ ____________

Check #____________

Amount $___________

Date ______________

HOUSEHOLD INFORMATION

Last Name:________________________________ Home Phone #:________________________________

Mailing/Residential Address:____
(Street Address and/or PO Box) (City) (State) (Zip)

Parent: ________________________ DOB: ___/___/___Work #: __________________Cell #: _____________________

Parent:________________________ DOB: ___/___/___Work #:__________________Cell #:_____________________

E-mail Address: ____
(This address will only be used by the Recreation Department for Registration and Program Updates.)

PROGRAM REGISTRATION – You may register up to 3 participants on this form

Participant's Name: ____________________________ Age: _____ DOB: __________ Grade: ____ Sex: ☐M ☐F

Allergies/Medical Info/Limits?: ____

Check Shirt Size: ☐ YXS (2-4) ☐YS (6-8) ☐YM (10-12) ☐YL (14-16) ☐YXL (18-20) ☐AS ☐AM ☐AL ☐AXL ☐Other

Program/Class Name	Session or Age Group	Day	Time	Fee

Participant's Name: ____________________________ Age: _____ DOB: __________ Grade: ____ Sex: ☐M ☐F

Allergies/Medical Info/Limits?: ____

Check Shirt Size: ☐ YXS (2-4) ☐YS (6-8) ☐YM (10-12) ☐YL (14-16) ☐YXL (18-20) ☐AS ☐AM ☐AL ☐AXL ☐Other

Program/Class Name	Session or Age Group	Day	Time	Fee

Participant's Name: ____________________________ Age: _____ DOB: __________ Grade: ____ Sex: ☐M ☐F

Allergies/Medical Info/Limits?: ____

Check Shirt Size: ☐ YXS (2-4) ☐YS (6-8) ☐YM (10-12) ☐YL (14-16) ☐YXL (18-20) ☐AS ☐AM ☐AL ☐AXL ☐Other

Program/Class Name	Session or Age Group	Day	Time	Fee

I, the (parent/guardian of the child named above) or (adult participant), have been made aware that the Town of Plymouth, the Recreation Dept. and its related parties, are not covered by insurance for persons injured while taking part in Recreation Department programs. In consideration of my or my child's upcoming participation, I hereby hold the Town, its servants and employees and related parties harmless from any injury I or my child may incur during said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Department and the doctor/clinic/hospital to exercise their best judgment as to necessary medical/surgical treatment for me or my child in the event I cannot be reached. I agree to hold harmless the Town of Plymouth, the Recreation Dept., its servants and employees, its related parties and the doctor/clinic/hospital treating me or my child for failure to obtain my consent. I further grant authorizations for any pictures taken of me or my child to be used for publicity and promotional purposes.

Signature of Parent/Guardian/ Adult Participant:		**Date:**	