



# Sandwich Recreation Department

34 Quaker Meetinghouse Road PO Box 1336 Forestdale, MA 02644 Phone: 508-888-4361 Fax: 508-888-5884

## *Participant's Information:*

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## *Household Account Information:*

Do you have a Sandwich Recreation Household Account with us? Yes :  No:

Household Account Name: \_\_\_\_\_

## *Program Information:*

Program / Activity Name	Dates/ Times	Participant's Name	Date of Birth	Program Fee

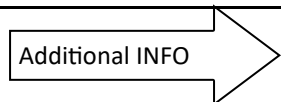
## *Payment Information:*

Check or Money Order

Cash

**Please note:** Programs do fill quickly and registrations are taken on a first come first serve basis. Therefore, online registration is strongly recommended or call the office directly. For mail in registrations please be sure to mail this completed form and a check made payable to "Town of Sandwich" to our PO BOX. 1336, Forestdale, MA

For your security we do not accept credit card payment in the office. All credit card payments must be processed on our website: [www.sandwichrec.com](http://www.sandwichrec.com)



## ***Participant Consent/Waiver :***

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The undersigned participant or parent/guardian of \_\_\_\_\_, a minor or as a participant do hereby consent to his/her or my participation in the voluntary **Town of Sandwich Recreation Department Program(s)**

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I also agree to forever release the Town of Sandwich, all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Sandwich Recreation Department from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my self, my child or property damage resulting from my of my child's participation in the Town of Sandwich voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to me or my child or property damage resulting from my or my child's participation in the Town of Sandwich voluntary athletic or recreation programs. I further affirm that I have read this consent and Release Form and that I understand that my or my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in the Town of Sandwich athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Sandwich athletic or recreation programs.

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Signature of Participant/Parent/Guardian

Relationship to Participant

Date

## ***Emergency Contact Information:***

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Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### ***For office use only:***

Payment received: cash / check / credit

Registration processed