

PROGRAM REGISTRATION & RELEASE FORM

Please check if Address below is New

Parent/Guardian First Name _____ Last Name _____ Relationship to participants: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact (other than self) _____ Phone 1: _____ Phone 2: _____ Relationship: _____

Does the participant have any allergies, medical conditions or behavior issues the staff should be aware of? Yes No

If Yes, please be specific _____

PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	M/F	AGE	GRADE	BIRTHDAY (MM/DD/)	PROGRAM NAME	PROGRAM DATE, DAY, &	FEE

**PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO:
PEABODY RECREATION DEPARTMENT**

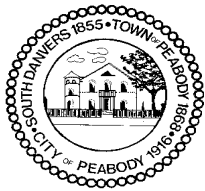
Total Program Fees	
Credit (subtract)	
Subtotal	
TOTAL	

How to Register?

ONLINE, MAIL, or DROP OFF at the office

**Credit card /debit card info due on emails

Peabody Recreation, Parks & Forestry Department



1. **Online:** www.peabodyrecreation.com
2. **Mail or Drop off:** 50 Farm Avenue Peabody, MA
3. **Questions:** peabodyrecreation@gmail.com

Please Check One

Cash Check # _____

Money Order # _____

Credit/Debit Card: type: _____

Name on card: _____

Exp. ____/____ (mm/yy)

CVC Code: _____

EMERGENCY RELEASE WAIVER

I give my permission for my child to take part in all activities and field trips related to the Peabody Recreation, Parks & Forestry Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, treatments, etc. In addition, I hereby release the City of Peabody, its facilities or employees from any and all claims for personal injuries, which may result from the usual involvement of these activities. I agree that pictures taken during the program hours may be used for future promotional purposes.

X _____
Parent/Guardian Signature Date