

# Littleton Parks, Recreation & Community Education Registration Form

**PRIMARY HOUSEHOLD CONTACTS/PARENTS/GUARDIANS:**

<b>1<sup>ST</sup> PARENT NAME:</b> _____ <b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>ST:</b> _____ <b>ZIP:</b> _____ <b>1<sup>ST</sup> PARENT DATE OF BIRTH:</b> ____/____/____ <b>1<sup>ST</sup> PARENT WORK PHONE:</b> (____) _____ <b>1<sup>ST</sup> PARENT CELL PHONE:</b> (____) _____ <b>HOME PHONE:</b> (____) _____	<b>2<sup>ND</sup> PARENT NAME:</b> _____ <b>SAME ADDRESS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>IF NO, ADDRESS:</b> _____ <b>2<sup>ND</sup> PARENT DATE OF BIRTH:</b> ____/____/____ <b>2<sup>ND</sup> PARENT WORK PHONE:</b> (____) _____ <b>2<sup>ND</sup> PARENT CELL PHONE:</b> (____) _____ <b>HOUSEHOLD MAIN E-MAIL ADDRESS:</b> _____
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**3 EASY WAYS TO REGISTER:**

**MAIL IN:** Enclose a check, cash or credit card information with registration form to: Littleton Parks Recreation and Comm. Ed., 33 Shattuck St. PO Box 934, Littleton, MA 01460

**FAX:** (978) 952-6053  
Include credit card information in space provided below.

**WALK IN:** Bring registration form to the office at 33 Shattuck St. Littleton, MA

ACTIVITY NUMBER	PARTICIPANTS		DOB	M/F	Grade	ACTIVITY NAME	FEES
CODE # & SESSION LETTER	FIRST NAME	LAST NAME					
104302A						<b>Father</b>	\$10
104302C						<b>Daughter</b>	\$0
104302C						<b>Daughter</b>	\$0
104302C						<b>Daughter</b>	\$0

**COMPLETE IF PAYING BY CREDIT CARD**

**CC#**

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**AMT OF CHARGE:** \$ \_\_\_\_ . \_\_\_\_    **EXP. DATE:** \_\_\_\_ / \_\_\_\_    **CW2 Code:** \_\_\_\_ \_

**SIGNATURE AS IT APPEARS ON CARD:** \_\_\_\_\_

**NAME OF CARDHOLDER (printed):** \_\_\_\_\_

**\*We accept VISA, MASTERCARD, or DISCOVER\***                      **Checks made out to: Town of Littleton**

**FORM NOT VALID UNLESS SIGNED HERE BY PARENT/GUARDIAN/ADULT PARTICIPANT:**

Participation in this program may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release any and all claims of damage against the Town of Littleton, its successors and assigns, employees, agents, and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, or myself, or my ward, while participating in this activity. In addition, I give my permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers above.

**SIGNATURE:** \_\_\_\_\_                      **DATE:** \_\_\_\_\_

**TOTAL FEES:**

"Round Up" For Youth Recreation  
Rounding up your program fee, helps provide financial assistance for those unable to afford the program fee for youth activities.

**TOTAL:**