Littleton Parks, Recreation & Community Education Registration Form

Phone: 978-540-2490 / Fax: 978-952-6053

PRIMARY HOUSEHOLD CONTACTS/PARENTS/GUARDIANS:

1ST PARENT NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

1ST PARENT DATE OF BIRTH: _____/_____/_____

1ST PARENT WORK PHONE: (____) _____

1ST PARENT CELL PHONE: (____) _____

2ND PARENT NAME: _____

SAME ADDRESS? **YES** ☐ **NO** ☐

IF NO, ADDRESS: _____

2ND PARENT DATE OF BIRTH: _____/_____/_____

2ND PARENT WORK PHONE: (___) _____

2ND PARENT CELL PHONE: (___) _____

HOME PHONE: (____) _____ **HOUSEHOLD MAIN E-MAIL ADDRESS:** _____

3 EASY WAYS TO REGISTER:

MAIL IN: Enclose a check, cash or credit card information with the registration form to: Littleton Recreation, 33 Shattuck St, PO Box 934, Littleton, MA 01460

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

WALK IN: Bring in the 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					

COMPLETE IF PAYING BY CREDIT CARD

CC# | | | | | | | | | | | | | | | |

AMT OF CHARGE: $_____.___ **EXP. DATE: _____/_____** **CW2 Code: __ __ __**

SIGNATURE AS IT APPEARS ON CARD: _____

NAME OF CARDHOLDER (printed): _____

We accept VISA, MASTERCARD, or DISCOVER

DID YOU REMEMBER THE PARK&REC FEE OF $5.00 PER PERSON? IF NOT, ADD IT HERE.

#persons_____ x $5.00 = $_____

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:

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:** _____