

Kingston Recreation Department Registration Form

Phone# 781-585-0533

Fax# 781-585-0545 *Separate registration form needed for each person.*

Walk-in Pre-Registration	Mail-in Pre-registration	Refund Policy
<ol style="list-style-type: none"> 1. Complete a registration form for each program (registration forms may be copied). 2. Bring payment and forms to the Recreation Office, located in the Reed Community House. If the Office is closed registrations may be dropped in the "registration drop off" slot in the office door. 	<ol style="list-style-type: none"> 1. Complete a registration form for each program (registration forms may be copied). 2. Enclose a check made payable to the Town of Kingston (unless stated otherwise in the program description) and mail to: Town of Kingston Recreation Department, 33A Summer Street, Kingston, MA 02364 (multiple registration forms may be mailed together). 3. If tickets are needed for the program you are participating in, or if you would like confirmation of your registration, please send a self-addressed stamped envelope along with your payment(s) and registration form(s). 	<ol style="list-style-type: none"> 1. Full refunds are issued for programs canceled by the Recreation Department due to lack of participation, or for any other reasonable cause. 2. Other than the above a "No Refund Policy" is maintained.

Name: _____ Address : _____

Phone #: _____ Age: _____

Grade 2010-2011 school year: _____ E-mail Address : _____

Program: _____ Program Time: _____

Program Fee: _____

Name of Parent/Guardian (if under 18): _____

In Emergency Notify: _____ **Emergency Phone#:** _____

Relevant Medical Information (ex. allergies, asthma, etc.): _____

Medical Insurance Company: _____ Policy #: _____

Primary Care Physician : _____ Dr's Phone #: _____

I hereby agree to indemnify and hold harmless the Town of Kingston and any of its Officers, Clients, Agents, or Employees from any liability of claim or action for damages from or in any way arising out of the participation in this program by the registered person. In case of accident or illness, the Town of Kingston has my permission to secure medical attention as deemed necessary if unable to communicate with me directly. I give my permission to the Town of Kingston to photograph the registered participant and or parent/guardian for use in Town of Kingston publicity and publications.

Participant Signature (Parent /Guardian Signature if participant is under 18): _____