Princeton Parks & Recreation now accepts online registration and payment: https://unipaygold.unibank.com/CustomerInfo.aspx?CustomerID=1639

## FOR PAPER REGISTRATION PLEASE MAIL or DROP OFF REGISTRATIONS & PAYMENTS TO:

PRINCETON PARKS & RECREATION, 6 TOWN HALL DRIVE, PRINCETON, MA 01541

**CHECKS MADE OUT TO: PRINCETON PARKS & RECREATION** 

Paper registrations will be accepted on a first-come, first-serve based on post marked dates on envelopes.

## ALL REGISTRATIONS/ PAYMENTS MUST BE IN 48 HOURS BEFORE FIRST CLASS.

LATE REGISTRATIONS WILL NOT BE ACCEPTED.

Some classes will have a minimum and maximum, be sure to register early.

LEGAL GUARDIAN (or adult participant if over 18+):

MAILING ADDRESS:

HOME PHONE:

CELL PHONE:

EMERGENCY CONTACT NAME/ NUMBER:

## FOR SUMMER PROGRAMS PLEASE USE GRADE ENTERING IN AUTUMN.

| PARTICIPANT NAME | M/F<br>gender | D.O.B | GRADE | PROGRAM/ ACTIVITY NAME Please include session/ date | FEE |
|------------------|---------------|-------|-------|-----------------------------------------------------|-----|
|                  |               |       |       |                                                     |     |
|                  |               |       |       |                                                     |     |
|                  |               |       |       |                                                     |     |
|                  |               |       |       |                                                     |     |
|                  |               |       |       |                                                     |     |
|                  |               | •     |       | TOTAL                                               |     |

YES/ NO: May we use images of the above participant to advertise on town home page or social media (Facebook?)

YES/ NO: Does participant any medical or allergies that we should be aware of? If yes, explain:

## PRINCETON PARKS AND RECREATION CONSENT AND RELEASE FORM

I agree not to hold responsible Princeton Parks and Recreation or the Town of Princeton; the Wachusett School District; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/ she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff or program instructor to seek medical care for my child in event that a family member cannot be reached.

| SIGNATURE: | DATE: |
|------------|-------|
|            |       |