



Wakefield Recreation Department
Adult Program Registration Form

Last Name _____ First Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address (please print) _____

Male/Female _____ Date of Birth _____ Age _____

Emergency Contact Name & Phone _____

Special information the instructor needs to be aware of:

(medical concerns, allergies, etc.) _____

PERMISSION: Please read and sign the Medical Consent and Release of Liability below to complete registration.

I, _____, do hereby consent to release and save harmless the Town of Wakefield, its officers, employees, agents, and attorneys from any and all liability and expenses arising out of any incident involving, or on account of any injury in connection with such program. As the undersigned, I understand that no confirmations will be mailed and no refunds will be given after the start of the program. Further, this verifies that I am in good health and able to participate in all activities.

Signature _____ Print _____

Date _____

Program Title	Day/Session	Time	Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

***Total Payment Included:** \$ _____

Make Checks payable to the TOWN OF WAKEFIELD and mail registration and payment to:

Wakefield Recreation Department
1 Lafayette Street, Wakefield, MA 01880