

I understand that participation in a Recreation Department sponsored program is voluntary and may involve some risk. I hereby release THE TOWN OF PEMBROKE, as well as, the Recreation Department, it's agents, contractors, employees, and volunteers of, from any and all actions, claims, and damages for personal injuries and disability that I or my child/children may sustain or incur as a result of participation to or from any recreation program. Fees/Cancellations: All fees are payable in advance before the program begins. If you cancel your enrollment before the first session (with the exception of daytrips) there is ten dollar processing fee. After the first session a 50% refund will be given. No refund after the second class. Refunds for daytrips will only be issued if another participant can fill the spot. PARENT'S SIGNATURE

## Pembroke Recreation Department

Community Center  
128 Center Street  
Pembroke, MA. 02359

One form per family/per program

FAMILY NAME: \_\_\_\_\_ RECREATION FAMILY ACCOUNT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER \_\_\_\_\_

OPTION: CELL PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_

E-Mail ADDRESS: \_\_\_\_\_

EMERGENCY NAME & NUMBER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

PARTICIPANT INFORMATION					
LAST NAME	FIRST	AGE	GRADE	PROGRAM	FEE

MEDICAL CONSIDERATIONS			
NAME	ALLERGIES	MEDICATION	RESTRICTIONS

*I understand that every effort will be made to contact me in case of an emergency requiring medication attention for my child/children. However, if I can not be reached, I hereby authorize the Recreation Department to transport my child/children to the nearest hospital and to secure the necessary medical treatment.*

*By signing below grant The Recreation Dept. permission for medical emergency authorization.*

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_