



# NORFOLK RECREATION REGISTRATION FORM

**PLEASE USE ONE FORM PER PERSON**      *Registration is subject to availability*

**Mail-in registration will be processed only after registration is open and does not guarantee a spot.**

Register with this form and a check (or cash) payable to Norfolk Recreation and bring or mail to:

Norfolk Recreation, 1 Liberty Lane, Norfolk, MA 02056.

Online registration with a credit card is available at [NorfolkRec.com](http://NorfolkRec.com)

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Best phone number(s): \_\_\_\_\_

Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_

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E-Mail Address(es): \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

**Allergies and/or additional information that would be important to know prior to class starting:**

Alt. P/U person(s) if applicable: \_\_\_\_\_

I, \_\_\_\_\_ agree on behalf of myself and/or my minor child, and hereby release and hold harmless the Town of Norfolk, Norfolk Public Schools, King Philip Regional Schools, and all their officers, employees, contract employees, volunteers, organizations providing programs, and agents from any claims, causes of action or liability arising or relating in any way to any injuries or illnesses including, without limitation COVID-19, that I or my child might sustain/contract from my or my child's participation in Norfolk Recreation activities including such claims or causes of action that I/he/she may now have or thereafter acquire (either independently or as a parent of said child) or that my child may have or hereafter may acquire.

=> I authorize emergency medical care for named participant in the event of an emergency: yes no (initials).

=> I give my permission for photographs of named classes, events, and activities to be used for marketing and/or for viewing on social media pages managed by Norfolk Recreation. No person will be identified by name on social media by Norfolk Recreation: yes no (initials).

=> School Age Participants named on this form are in compliance with the Massachusetts School Immunization requirements: yes no (initials).

=> Do you/your child need accommodations or is there important information we should know in advance of the program to help best achieve a successful experience: yes no (initials)

If yes, please detail here:

**Please note: Registrations are subject to all registration policies including the Refund Policy. Detailed Policies are online and in each Recreation brochure.**

I have read the release and am legally competent to sign this release for myself and/or as the parent or legal guardian of the participant. **SIGNATURE:** X **Date:** \_\_\_\_\_

*If you would like to apply to the Fee Reduction Program, please briefly explain below or on the back of this form. If you prefer, please call Ann Proto, Norfolk Recreation Director at (508) 520-1315 or email at [aproto@norfolk.ma.us](mailto:aproto@norfolk.ma.us). If you receive assistance from the school, please note that information.*