

Milford Community School Use Program

PROGRAM NAME _____

START DATE _____ TOTAL COST _____

NAME _____ MALE _____ FEMALE _____

GRADE _____ AGE _____ DOB _____

ADDRESS _____ TOWN _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

If you would like to receive information via e-mail...

Email address _____

Email address _____

- *No Refunds* unless a class is filled or cancelled.
- *Separate checks* and registration forms are required for each program.
- *No Confirmations* will be sent.
- *Fees are included in each program description.*
- *Late registrations will be accepted but fees will not be reduced.*
- *Make checks payable to: MILFORD COMMUNITY PROGRAM*

MAIL TO:
Milford Community Program
31 West Fountain Street
Milford, MA 01757

I/We, the parent(s)/guardian(s) of _____ a participant in the Milford Community School Use Program, hereby give my/our approval to his/her participation in _____. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Milford Community School Use Program, the Town of Milford, the organizers, supervisors, sponsors, participants, and persons transporting my/our child to or from the activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

For additional information please call 508 478-1119. Monday thru Friday 8:30 – 3:30.