

MILFORD COMMUNITY SCHOOL USE PROGRAM

www.mcs.milford.ma.us • Phone (508) 478-1119 • Fax (508) 634-2341

KIDS REGISTRATION FORM
FALL, WINTER, SPRING

PROGRAM NAME:	START DATE:
SESSION IF APPLICABLE:	COST:

NAME:	DATE OF BIRTH:
CURRENT GRADE:	AGE:
STREET:	MALE FEMALE
TOWN:	

PARENT/GUARDIAN NAME:
DAYTIME PHONE:
EVENING PHONE:
CELL PHONE:
PLEASE CIRCLE PREFERRED PHONE NUMBER: DAYTIME EVENING CELL

EMAIL ADDRESS _____ @ _____

EMAIL ADDRESS _____ @ _____

Email Addresses are needed with each registration. Thank you.

EMERGENCY CONTACT (other than parents/guardians):

NAME:	RELATIONSHIP:
PHONE:	PHONE:

- **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 may be accepted but fees will not be reduced.**
- **Make checks payable to TOWN OF MILFORD - MCSUP**

Mail to: MILFORD COMMUNITY PROGRAM
31 WEST FOUNTAIN STREET
MILFORD, MA 01757

SIGNATURE REQUIRED BELOW:

I/We the parent(s)/guardian(s) of _____, a participant in the Milford Comm. Use School Use Program, hereby give my/our approval to his/her participation in this program and all Milford Community School Use Program activities. 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 activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

DATE _____ **SIGNATURE** _____