

MILFORD COMMUNITY SCHOOL USE PROGRAM

milfordcommunityprogram.activityreg.com
 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:	ZIP CODE:
PHONE:	
ALLERGIES:	
MEDICAL CONCERNS:	
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN PHONE:	

EMAIL ADDRESS _____ @ _____

Email Addresses are needed with each registration. Thank you.

EMERGENCY CONTACT (other than parents/guardians):

NAME:	PHONE:
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- **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. 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.

I/We realize that my child may be photographed while attending the program. If I/we do not want my/our child to be photographed, I/we will advise the supervisors.

DATE _____ **SIGNATURE** _____