

Belmont Recreation Summer 2017 Registration
 Complete and bring or mail to: PO BOX 56, Belmont MA 02478

Name: _____

Address: _____ City: _____ Zip Code: _____

***E-Mail: (Guardian/parent) _____

Phone: _____

Birth Date: _____ Age _____ Grade _____

Emergency Contact 1: _____ Relationship _____

Phone: _____

Emergency Contact 2: _____ Relationship _____

Phone: _____

Any Allergies/Health issues?-

KIDS Program NO Swim lessons											
June 26-30	Full Day	Half Day	July 5-7	Full Day	Half Day	July 10-14	Full Day	Half Day	July 17-21	Full Day	Half Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 24-28	Full Day	Half Day	July 31 –Aug 4	Full Day	Half Day	Aug 7-11	Full Day	Half Day			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

KIDS Program with swim lessons											
June 26-30	Full Day	Half Day	July 5-7	Full Day	Half Day	July 10-14	Full Day	Half Day	July 17-21	Full Day	Half Day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 24-28	Full Day	Half Day	July 31 –Aug 4	Full Day	Half Day	Aug 7-11	Full Day	Half Day			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Tennis											
June 26-30	Full Day	Half Day	July 10-14	Full Day	Half Day	July 17-21	Full Day	Half Day			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
July 24-28	Full Day	Half Day	July 31 –Aug 4	Full Day	Half Day	Aug 7-11	Full Day	Half Day			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Checks Payable to NE Elite Sports Clinic											
Flag football	July 10-14	<input type="checkbox"/>	July 17-21	<input type="checkbox"/>	July 24-28	<input type="checkbox"/>	Must complete separate registration form				

Girls basketball	July 10	<input type="checkbox"/>									
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Co-ed Basketball	July 17	<input type="checkbox"/>	July 24	<input type="checkbox"/>							
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Volleyball	July 31	<input type="checkbox"/>	Aug 7	<input type="checkbox"/>							
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Lacrosse	July 31	<input type="checkbox"/>									
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Junior Police Academy	July 10-21	MUST ATTEND FULL 2 WEEKS	Must complete separate registration form								
<input type="checkbox"/>											

CIT Program	July 10	<input type="checkbox"/>	July 17	<input type="checkbox"/>	July 24	<input type="checkbox"/>	July 31	<input type="checkbox"/>			
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Early Morning / Extended Day check all that apply

June 26-30 Early Morning / Extended Day

July 5-8 Early Morning / Extended Day

July 10-14 Early Morning / Extended Day

July 17-21 Early Morning / Extended Day

July 24-28 Early Morning / Extended Day

July 31–Aug 4 Early Morning / Extended Day

Aug 7-11 Early Morning / Extended Day

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

For publicity purposes, program staff will take photos which may be used on the Department's website or Facebook page or in the Town's newspaper. Please let us know if you have any objection or concern regarding this policy.

Parent/Guardian Signature

Date

For outdoor sports programs please check your email or call the recreation hotline number for location information 617-993-2768

