

**PROGRAM REGISTRATION FORM**

**PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO PEABODY RECREATION DEPARTMENT**

Please if Address below is New

Parent/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to participants: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to join our email list?  Yes  No

Emergency Contact (other than self) \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the participant have any allergies, medical conditions or behavior issues the staff should be aware of?  Yes  No

If Yes, please be specific: \_\_\_\_\_

\_\_\_\_\_

**PARTICIPANT REGISTRATION**

LAST NAME	FIRST NAME	M/F	AGE	GRADE	BIRTHDAY (MM/DD/ YYYY)	PROGRAM NAME	PROGRAM DATE, DAY, & TIME	FEE

*How to Register?*

**MAIL, DROP OFF, \*\*EMAIL OR \*\*FAX**

\*\*Credit card /debit card info due on fax or email

Peabody Recreation, Parks & Forestry Department  
50 Farm Avenue ~ Peabody, MA 01960



**Phone:** (978) 536-7130, 7132, or 7133

**Fax:** (978) 535-0483

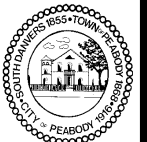
**NEW Website:** [www.peabody-ma.gov/parks\\_rec.html](http://www.peabody-ma.gov/parks_rec.html)

**Email:** [peabodyrecreation@gmail.com](mailto:peabodyrecreation@gmail.com)

<b>Total Program Fees</b>	
<b>Credit (subtract)</b>	
<b>Sub Total</b>	
<b>TOTAL</b>	
<b>Please Check One:</b>	
<input type="checkbox"/> <b>Cash</b>	
<input type="checkbox"/> <b>Check #</b> _____	
<input type="checkbox"/> <b>Money Order #</b> _____	
<input type="checkbox"/> <b>Credit/Debit Card: type:</b> _____	
<input type="checkbox"/> <b>#</b> _____	
<b>Exp.</b> ____/____ (mm/yy)	
<b>Security Code: 3 digits on back of card</b> _____	

**EMERGENCY RELEASE WAIVER**

I give my permission for my child to take part in all activities and field trips related to the Peabody Recreation, Parks & Forestry Department. I, the undersigned parent/guardian of this applicant, a minor, do hereby authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical or Dental Examination, treatments, etc. In addition, I hereby release the City of Peabody, its facilities or employees from any and all claims for personal injuries, which may result from the usual involvement of these activities. I agree that pictures taken during the program hours may be used for future promotional purposes.



X \_\_\_\_\_  
Parent/Guardian Signature Date