

2016 REGISTRATION FORM

CARVER RECREATION SUMMER TENNIS PROGRAM

- Make checks payable to : Town of Carver (we only accept checks)
- Mail to: 108 Main Street Carver MA 02330
- Must be a Carver resident to register
- Any registrations received incomplete will not be considered
- There are NO REFUNDS after the start of the program

PARENT/GUARDIAN INFORMATION:

NAME _____ PHONE # _____

MAILING ADDRESS: _____

(Include P.O. Box & residential address as well as zip code if not 02330)

E-MAIL ADDRESS: _____

PARTICIPANT INFORMATION:

Name & Grade entering	Choose a Session (circle)	Choose a Time (circle)
	Session I (July 11,12,13,14) Session II (July 18,19,20,21) Session III (July 25,26,27,28)	8-9 am 9-10 am 10-11 am
	Session I (July 11,12,13,14) Session II (July 18,19,20,21) Session III (July 25,26,27,28)	8-9 am 9-10 am 10-11am

I, the (parent/guardian of the child named above), have been made aware that the Town of Carver, the Recreation Committee, and its related parties, are not covered by insurance for persons injured while taking part in Recreation programs. In consideration of my child' s upcoming participation, I hereby hold the Town, its servants, employees, volunteers and related parties harmless from any injury I or my child may occur in said participation. Further, I am delegating authority in advance of any specific diagnosis or treatment to an authorized person from the Recreation Committee and the doctor/hospital to exercise their best judgment as to necessary medical/surgical treatment for me or my child in the event I cannot be reached. I agree to hold harmless the Town of Carver, the Recreation Committee, its, servants and employees, its related parties and the doctor/hospital treating me or my child for failure to obtain my consent.

Signature of Parent/Guardian		Date:
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