



REGISTRATION

Mashpee Recreation

Name of participant: _____ Email: _____

Street Address: _____ City/State/Zip: _____

Home Phone # _____ Cell: _____ **Mobile Carrier: _____

****By providing your cell carrier, we can send you a text message when last-minute changes or cancellations occur****

Grade: _____ Gender: _____ DOB: _____ Age: _____ Medical Conditions/Allergies: _____

In case of emergency contact:

Shirt size (If applicable): Please circle one

Name: _____

Youth: Small Medium Large X-Large

Phone #: _____

Adult: Small Medium Large X-Large

Program/Activity	Start Date	Time	Code	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MC/Visa # _____ Exp Date: _____ 3-digit code _____

Check # _____ (Make checks payable to Town of Mashpee) Cash: _____

Refund Policy: You may withdraw from a class up to 3 working days in advance of the starting date of that program and receive a refund MINUS a \$10 processing fee. NO REFUNDS WILL BE GIVEN AFTER THIS DATE.

By signing this form, I give my permission to have my child's photo taken for media purposes.

I, the undersigned parent/ guardian of participant, do hereby consent to my / their participation in voluntary athletic, recreation or community education programs of the Town/City, or Public School of Mashpee. I do also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Mashpee, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Public Schools (the "Releases") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to me/my child or property damage resulting from me/my child's participation in the said Town or Public School's voluntary athletic or recreation programs which I may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire either before or after reaching majority.

SIGNATURE _____

DATE _____

To Register

Online: www.mashpeerec.com

In Person: Mashpee Town Hall

By Fax: 508.477-0497

By Mail: Town of Mashpee
Recreation Department
16 Great Neck Road North
Mashpee, MA 02649

Contact: 508.539.1416

We do not accept reservations by phone.