

**STERLING RECREATION  
SUMMER 2012 PROGRAM REGISTRATION FORM**

**Separate forms needed for, Next Step, Sports Adventure, Sports Conditioning, and Super Safari**

**REGISTRATION BEGINS ON APRIL 16<sup>th</sup>, 2012**

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

**CIRCLE SHIRT SIZE FOR TENNIS CLINICS & TOGO BASKETBALL -**

**YOUTH: SM MED LG**

**ADULT: SM MED LG X-LG**

**SWIM LEVEL for Lake programs \_\_\_\_\_**

**C.I.T.: SWIM training \_\_\_\_ COUNSELOR training \_\_\_\_**

**Must be completed if Participant is under 18 years of age:**

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in **FALL** \_\_\_\_\_ Gender: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/cell Phone: \_\_\_\_\_

Emergency contact if we can't reach parent. Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Please list any physical limitations/restrictions and/or medications taken and food allergies: \_\_\_\_\_**

**REGISTER EARLY**

**\* ADD \$10 TO REGISTRATIONS IF YOU ARE A NON-RESIDENT OR IF THE FORM IS NOT RECEIVED WITHIN ONE WEEK PRIOR TO START OF PROGRAM**

PROGRAM TITLE	DATE/SESSION	TIME	*COST see above

**Waiver** In consideration of this application, I or my child hereby release, discharge and/or indemnify the Recreation Director, Recreation committee, staff, and/or volunteers, the Town of Sterling and its' elected officials of any liability related to the operation of this program. I hereby give my consent for emergency medical care prescribed by a licensed Doctor of medicine or Doctor of Dentistry. It is possible that pictures will be taken during classes. I agree that pictures taken during program hours could potentially be used for promotional purpose.

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

*Signature of participant (or parent/guardian if under 18)*

**WAIVER MUST BE SIGNED TO PARTICIPATE IN PROGRAMS**

**Make checks payable: TOWN OF STERLING** Mail to Sterling Recreation, 1 Park Street, Sterling, Ma 01564 or drop off at 31 Main Street, 1835 Town Hall located in the center of Sterling

**For Office use only: Date Received \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Amount: \_\_\_\_\_**