Cohasset Parks & Recreation Department Registration Form

_____ _____ Sex: M/F Birthdate: _____
First name Last name

If your child has any medical problems that the CPRD needs to be informed of, please note them below :

_____

_____

_____

Grade: _____ Lives With (Father / Mother / Both) T-Shirt size _____

Program : Tee Ball 4-6 $35 _____ Volleyball $40 _____
Pony Football $ _____ Soccer $45 _____

Father	Mother
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City _____ State ____ Zipcode _____	City _____ State ____ Zipcode _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
I Would be interested in the following:	I Would be interested in the following:
Coach _____ Concessions _____	Coach _____ Concessions _____
Umpire _____ Referee _____	Umpire _____ Referee _____

By participating in the above named activity, I hereby release and hold harmless the Cohasset Recreation Department, the City of Cohasset and its employees for any accident or injury which may be incurred in the course of this activity.
Due to Data Privacy Act, The City of Cohasset will not give out phone numbers to anyone but coaches.

_____ _____
SIGNATURE DATE