

# REGISTRATION FORM

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: MALE / FEMALE Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Allergies/Other Concerns: \_\_\_\_\_

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Session: \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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**TOTAL COST:** \$ \_\_\_\_\_

### METHODS OF PAYMENT: CASH OR CHECK

*Please make checks payable to TOWN OF SHARON*

Please mail or bring registration form to:

Sharon Recreation Department  
219 Massapoag Ave  
Sharon, MA 02067

*Any questions please call the Recreation Department at: (781) 784-1530*

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash: \$ \_\_\_\_ Check: # \_\_\_\_ Initials: \_\_\_\_\_ Entered into Sportsman: YES / NO