

**YOUTH REGISTRATION FORM
TOWN OF MILLIS RECREATION DEPARTMENT**

I, _____ (print name), on behalf of myself and/or my minor child, hereby release and hold harmless the Town of Millis, its officers, employees, contract employees, and agents from any claims, causes of action or liability arising or relating in any way to any injuries that I or my child might sustain from my or my child's participation in the voluntary recreation program(s) listed below including such claims or causes of action that I may now or have thereafter acquire (either independently or as a parent of said child) or that my child has or may hereafter acquire either before or after reaching majority. You agree to allow Millis Recreation to use photos of yourself or child.

Name: _____ Address: _____

Home #: _____ Cell #: _____ Email: _____

Age: _____ Grade: _____ DOB: _____ Male/Female (please circle)

Program Title: _____ Fee: _____

Allergies/Special Needs: _____

SHIRT SZ.: (Circle one): Youth Medium / Youth Large / Adult Small / Adult Medium / Adult Large / Adult XL

SIGNATURE (of parent or guardian): _____

Make checks payable to: MILLIS RECREATION DEPARTMENT
900 Main Street
Millis, MA 02054
508-376-7050

*** PLEASE USE A SEPARATE FORM FOR EACH PROGRAM ~ THIS FORM MAY BE DUPLICATED ***

**REFUNDS ARE NOT GIVEN UNLESS CLASS IS CANCELLED BY
MILLIS RECREATION DEPARTMENT**

**ADULT REGISTRATION FORM
TOWN OF MILLIS RECREATION DEPARTMENT**

I _____ (Print name) would like to participate in the following Millis Recreation Department program

PROGRAM TITLE

FEE

I agree to forever release the Town of Millis, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the Town of Millis from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the town of Millis voluntary recreation programs. You agree to allow Millis Recreation to use photos of yourself.

ADDRESS: _____ (E-Mail) _____

TELEPHONE #: (Days) _____ (Evenings) _____

ALLERGIES/SPECIAL NEEDS: _____

Make checks payable to: MILLIS RECREATION DEPARTMENT

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