

REGISTRATION FORM

1. Please be sure to read the Policies and General Information page before submitting this application.
2. Payment must accompany this registration form. **Please make all checks payable to Somerset Recreation.**
3. Please mail applications to: Cranston Recreation Dept. 1090 Cranston Street, Cranston RI 02920
4. REGISTRATION FORM AND PAYMENT MUST BE RECEIVED BEFORE PROGRAM BEGINS!
5. Please complete all information on the registration form.
6. Each individual over the age of eighteen **MUST** fill out and sign their own form.
7. A legal parent/guardian must sign the waiver for any child under the age of eighteen.

Print Name of Adult Signing Waiver Below: _____
Address: _____ **Town:** _____ **State:** ____ **Zip:** _____
E-Mail: _____
Home Phone: _____ **Business/Cell Phone:** _____
Emergency Contact and Phone: _____
Special Needs/Allergies: _____

Participant's Name	Date of Birth	Age	Grade <small>(if applicable)</small>	Program	Day & Time	Cost

Waiver: In consideration of this application, I or my child, release the Town of Somerset and the City of Cranston, it's employees, agents, representatives, and other persons or organizations for whose conduct it is responsible from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damages resulting or arising from the use of premises, facilities, or equipment of the Town of Somerset and City of Cranston, or caused in any way by the Town of Somerset and City of Cranston, its employees, agents, representatives, and other persons or organizations for whose conduct it is responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or my child if needed. I will assume all costs. I have read the program policies and understand them.

Participant (or Parent/Guardian) Signature: _____ Date: _____

Office Use Only	Date:	Amount:	Cash or Check:	Initials:
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