

STOW RECREATION DEPARTMENT REGISTRATION FORM

Student's Name: _____

Parent/Guardian (if under 18): _____

Address: _____

Telephone: (day) _____ (eve) _____

E-Mail: _____

Class Name: _____

Day & Time: _____

Starting Date: _____

Amount Enclosed (checks only): _____

Please make check payable to the **Town of Stow** and mail to
380 Great Road, Stow, MA 0177

The Town of Stow does not provide insurance. Accordingly, parents are urged to ascertain that their own coverage's are sufficient to underwrite the cost of medical care for any injuries, which their child might sustain as a result of participation in our programs. As the parent of the above named child, I agree to indemnify the Town of Stow, its employees and agents against any claims of bodily injury, death, or property damage which may arise in the course of the Rec. Department's performance of the recreational activities described herein not caused by the Town's negligence or that of its employees or agents. As parent or legal guardian of the above named child, I hereby give my consent for emergency medical care by a licensed Doctor of Medicine or Dentistry as may be warranted to preserve the well being of my child.

PARENT SIGNATURE: _____ DATE: _____

_____ * Please fill out this form as well as any other related forms for any Stow Recreation Department sponsored program. Additional registration forms available at the Stow Recreation office.