

# Program Registration Form

Team Captains' Information



Please make check or money order payable to Westfield Parks and Recreation

Please Check if Address Below is New

Parent/Guardian First Name \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Day Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size (Please Circle) YS YM YL AS

Does the child have any special needs? \_\_\_\_\_

AM AL AXL AXXL

Team Captain gets signatures from team

## Participant Information

First	Last	M/F	Age	DOB	Program	I.D. #	Fee
					Adult softball league	412402A	\$350.00
					Womens League Spring	Thursdays	

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in the above described activity. As a parent, guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate.

I hereby agree to release, discharge and hold harmless the City of Westfield, its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Westfield does not provide accident/medical insurance for program participants.

In addition, I give permission for the child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

**ALL ADULT PARTICIPANTS MUST SIGN BELOW. IN ADDITION THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR REGISTRANTS UNDER 18.**

**Total Program Fees \$**

**Credit \$**

**Sub Total \$**

**Add Up (Youth Scholarship Fund) \$**

**"ADD UP"**

Adding up your program fee helps provide financial assistance for those unable to afford the program fee for youth.

**Total \$**

Signature (Parent/Guardian if participant is under 18) \_\_\_\_\_

Date \_\_\_\_\_

**Please Check One:**

Cash

Check

Gift Certificate

**Mail or drop off to:**

**Westfield Parks and Recreation Department  
4 Holcomb Street, Westfield MA 01085**