

# Haverhill Recreation Registration Form

This form may be filled out online; it must then be printed and mailed in!!

## Instructions:

- 1.) Click Mouse next to “Name” and start typing in form. Hit the “Tab” key to move around the form
- 2.) Please make sure to fill in all information that applies
- 3.) Print form
- 4.) Please sign form and include Payment
- 5.) Mail to: Haverhill Recreation Dept. 10 Welcome Street, Haverhill, MA 01830

If you have any questions at all please Call 978-374-2389 ext: 30, 29, or 28

# Haverhill Recreation Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Work Place: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Concerns:

Allergies: (Please check, if any checked please explain)

Asthma: Food:            Drugs:            Bee Sting:            Environmental:

Other: \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Operations or injuries: (Please list dates & results)

\_\_\_\_\_

Does your child have any health/medical or emotional problems we should be aware of?

\_\_\_\_\_

Does your child take any medication? If so, what?

\_\_\_\_\_

If your child needs medication during the day program, it is necessary to fill out parent and physician medication Forms, which may be obtained from the Recreation Department.

**Please register my son/daughter for:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

I understand that the clinic/staff will not be liable or responsible for accidents and medical or dental expenses incurred as a result of participation in any of these programs. In the event of injury or illness, the staff has the my permission to seek emergency medical treatment deemed necessary. I authorize the use of any photographs or articles to be used for publicity purposes.

Parent's Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return above registration to: **Haverhill Recreation Dept.**, 10 Welcome Street, Haverhill, MA 01830 or call 978-374-2389 ext 30, 29, or 28 for more information.

**Please make checks Payable to 'Haverhill Recreation'.**