

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

Applicant's Name: _____
Address: _____
City: _____ Zip: _____
Age: ____ Date of Birth: _____ Current School: _____ Grade: ____
Did he/she qualify for free/reduced lunch? Yes No
Parent / Guardian: _____
Home Phone: _____ Cell Phone: _____
Parent Workplace: _____ Work Phone: _____
Emergency Contact: _____ Emergency Phone: _____
Doctor's Name: _____ Doctor's Phone: _____

Medical Concerns

Allergies: (Please check if applicable)

Asthma: Food: Drugs: Bee Sting: Environmental:

Other: _____

Allergies Detail: _____

Operations or injuries: (Please list dates, etc)

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

Does your child take any Medications? _____ If so, what? _____

Program Choices: Please check all that apply

Wood School Kindergarten (\$250/ 2wk session)

Summer Day Program (\$230/session): **Boating** (\$200/session): **Golf** (\$50/session):

Session 1: Session 2: Session 3:

(Day Program only) Bus stop: _____ Walker: Parent Driven:

Tennis Program:

Session: _____ Level/Time: _____

Other Program Choices: please be specific

Instructional Baseball (\$35/PP or \$50/Family per session): Girls Basketball (\$100/session):

Fencing (\$85/session): Lacrosse (\$100/session): Football (\$90/Session):

Fall: Spring: Winter: Beginner: Intermediate:

Permission Slip

I authorize my child/children to participate in the Haverhill Recreation Department Program(s) he/she is registered for, and I agree to forever release the City of Haverhill from any and all claims from participation in Haverhill Recreation voluntary programs. I understand that the City of Haverhill or its staff will not be held liable or responsible for any accidents, injuries or medical expenses incurred as a result of participation in any programs, activities or sports.

In event of injury or illness, the staff has my permission to seek emergency medical treatment deemed necessary.
_____ (please initial here)

I authorize Haverhill Recreation to use Photographs of my child for promotional display _____ (Please initial here)

Parent/Guardian Signature: _____ **Date:** _____