Westwood Recreation Department, 240 Nahatan Street, Westwood, MA 02090 (P) 781.461.0070 (F) 781.320.0376 www.westwoodrec.com

PAYMENT TYPES: CHECK (PAYABLE TO TOWN OF WESTWOOD), MASTERCARD, VISA, DISCOVER (CARD MUST BE PRESENT) OR CASH

Head of Household :										
Address:						Zi _I				
Best Number: ()			E-MailAddress	::						
Emergency Contact:			Relationship:			Cell/Emergency Phone: ()_				
RECREATION PROGRAMS						,				
FIRST NAME	LAST NAME	D.O.B.	GENDER	PROGRAM	NAME	WEEK or LEVEL (SWIM LESSON)	DATES/DAYS	TIME	FEE	
		/ /	M F							
		/ /	M F							
		/ /	M F							
		/ /	M F							
		/ /	M F							
		/ /	M F							
		/ /	M F							
POOL MEMBERSHIP		•	'		1	•				
ТҮРЕ					DURATION					
SINGLEFAMILYWESTWOOD SENIOR				1 M	1 MONTH3 MONTHS6 MONTHSYEAR					
PARTICIPANT ALLERGIES/RESTR	ICTIONS				•					
Participant's Name	Please list any al	lergies, medication	ns, physical res	trictions or conditi	ions you are will	ling to share that could affect partic	cipation in activities.			
		•				e Town of Westwood. I am aware c cidental to such participation, inclu				

hold harmless, and forever release the Town of Westwood, and all their employees, agents, board members, volunteers and any or all individuals and organizations assisting, sponsoring, or participating in recreation activities of the Town of Westwood ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or minor children or property damage resulting from my participation in a Town of Westwood recreation activity. I AUTHORIZE the Westwood Recreation Department to reasonable use of any and all images and statements of/by/about the participant during any part of a Westwood Recreation Department activity for promotional purposes, including on the internet. IN CASE OF EMERGENCY, I hereby give my permission to the staff and medical personnel selected by the Recreation Department, to act as my agent to provide care when necessary, or in the event of a more serious accident, to be transported to an emergency medical facility to receive emergency medical treatment. I AFFIRM that I have read this Consent and Release and that I understand the contents. I understand that my participation is voluntary and that I am free to choose not to participate in said activities. By signing this form, I affirm that I have decided to participate in the Town of Westwood's recreation activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer during participation.

SIGNATURE	DATE	