



Weymouth Recreation

Where the fun and the friendships begin!

Household Account Information 2010

If you already have a Household Account with us, skip this side and proceed to the back of the form.

*Required Information

Parent/Guardian First Name: *

Last Name: *

Address: *

Birth Date: *

Town: *

Zip Code: *

Primary Phone Number: *

What type of Phone Line is it?*

Home _____ Cell _____ Work _____

Alternative Phone Number:

What type of Phone Line is it?

Home _____ Cell _____ Work _____

E-mail Address: *

If you don't have e-mail, check here _____

Keep me current with e-mail updates! Check this box to be added to our e-mail list. You will receive one e-mail per month. Monthly flyers will still be available at our office and all town libraries roughly the first of every month

Your password is your last name in lowercase letters. Spaces, hyphens & apostrophes are omitted.

1. _____ DOB* _____ GRADE:* _____ Any Allergies (indicate below):* __Yes __No
 2. _____ DOB* _____ GRADE:* _____ Any Allergies (indicate below):* __Yes __No
 3. _____ DOB* _____ GRADE:* _____ Any Allergies (indicate below):* __Yes __No
 4. _____ DOB* _____ GRADE:* _____ Any Allergies (indicate below):* __Yes __No
- If yes, please indicate condition/allergy: _____

Physician's Name:* _____ Phone #: _____

Insurance Company and policy number: _____

Emergency Contact (in case you cannot be reached):*

Name: _____ **Phone #:** _____

IMPORTANT – LIABILITY WAIVER AGREEMENT & REFUND INFORMATION:

- Liability Release / Registration: registration for minors must be by the parent or guardian. Your registration acknowledges that you understand the inherent risk in all recreational and sports programs and will not hold the Weymouth Recreation Division, its staff or the Town of Weymouth responsible in the case of accident, injury or loss of personal property. We have no medical personnel on staff. Health concerns of any participant must be made known in writing to the Recreation Office.
- There are **absolutely no refunds** unless we must cancel the program.

* **Required** – I have READ and AGREE to the above waiver and refund policy:

(please sign): _____ Date: _____

Photo ID: _____ Utility Bill: _____	Office Use Only Birth Certificate (circle): child 1 2 3 4 5 by: _____
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