

**WELLFLEET RECREATION DEPARTMENT
Summer Registration 2008
Special Programs**

NAME _____ SEX _____ AGE _____

LOCAL ADDRESS _____

ENTERING GRADE _____ LOCAL TELEPHONE _____

Does your child have any illness or handicap that would hinder participation?

If yes explain _____

List of people authorized to pick up your child: _____

This year's recreation program runs from July 7-Aug 15, what are the dates that your child will be attending.

Waiver of liability: I the undersigned, hereby agree to release the Town of Wellfleet and the Recreation Department and its staff from all responsibility resulting from injuries or accidents which may occur while participating in Wellfleet Recreation's Summer Programs. I also understand that participation in Recreation is a privilege and that all children will be required to behave in a sportsmanlike manner.

Dated: _____
Signature of parent or guardian

**LIST OF PEOPLE AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY
(Please provide 2 additional people other than yourself)**

1. _____
Name Telephone
2. _____
Name Telephone

AMOUNT PAID _____ Resident/Non-Resident
Sibling

Drawing: \$160.00 _____ PD (Week # _____)
(Checks payable to "Neal Nichols")
Basketball Clinic _____ PD (Week # _____)
(Checks payable to "Jump Ball Sports")

Please Send To: Wellfleet Recreation Department, 300 Main St. Wellfleet, MA. 02667