

**NORFOLK RECREATION**  
**MAIL-IN, WALK-IN REGISTRATION FORM**

**PLEASE USE SEPARATE FORMS FOR EACH SESSION AND EACH PERSON**

**PLEASE WRITE SEPARATE CHECKS FOR SESSION ONE AND TWO –CHECKS ARE PAYABLE TO NORFOLK RECREATION.**

➡ **SESSION DATES:** \_\_\_\_\_

\_\_\_ **Check here if you do not want your name released for carpool**

Participant Name: \_\_\_\_\_ Child D.O.B. \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Name of person collecting your child if different from above Parent's Name: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_ Day: \_\_\_\_\_ Class Time: \_\_\_\_\_ Fee: \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself and my minor child if my minor child is a participant in the activities listed in this form, hereby release and agree to hold harmless the Town of Norfolk, its officers, employees, contract employees and agents from any claims, causes of action or liability arising from or relating in any way to any injuries that I or my child might sustain from my or my child's participation in the listed activities, including such claims or causes of action that I may now have or hereafter acquire (either independently or as a parent of said child) or that my child has or hereafter may acquire. **Signature of Participant or Minor Participant's Parent/Guardian** X \_\_\_\_\_ Date: \_\_\_\_\_

**REFUNDS ARE NOT GIVEN UNLESS CLASS IS CANCELLED BY NORFOLK RECREATION OR IF SLOT CAN BE FILLED BY SOMEONE ON WAIT LIST.**

I would like to apply to the Fee Reduction Program. \_\_\_\_\_ Please briefly explain the reasons or call Recreation Director at 520-1315.

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