



## WAYLAND RECREATION – PROGRAM REGISTRATION

*You may combine two members from one family on this form.*



**Participant 1 Name:** \_\_\_\_\_ **Participant 2 Name:** \_\_\_\_\_

| Program Name & Participant First Name | Start Date           | Time | Fee      |
|---------------------------------------|----------------------|------|----------|
| Judbury Valley New Horizons Music     | Jan 10 - May 9, 2018 |      | \$200.00 |
|                                       |                      |      |          |
|                                       |                      |      |          |
| <b>Total:</b>                         |                      |      |          |

**Participant 1:** M F (please circle) **DOB** \_\_\_\_\_

**Participant 2:** M F (please circle) **DOB** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**WAIVER:** I have read and agree to the terms of this agreement. Parent or Guardian must read if participant is under age 18. Please accept the above person(s) for participation in referenced programs. I am aware of the risk inherent in this activity and release sponsors from responsibility for associated losses. I have determined the nature and extent of the planned activities and feel that the above listed participant(s) are of sufficient age, ability, and discretion to participate. I agree this participation will be at the discretion of the Wayland Recreation Department. If any participant is a discipline problem, he or she will be expelled from the program without refund. Permission is given for treatment by a doctor in the event of injury or illness. Permission is given to use photographs of participants in publicity for the Wayland Recreation Department.

**Refund Policy:** You must notify our office at least 10 business days before a program begins for a refund minus the administrative fee. After that time, no refunds are given except for medical reasons with a doctor's note. Requests for refunds must be in writing (email accepted) with a short explanation. Refunds may take 2-3 weeks for processing. Cancelled classes due to low enrollment will be fully refunded. An administrative fee of \$10 will be retained per person per program for youth withdrawals from fall, winter, spring programs, \$20 for summer programs, and \$10 for all adult programs.

**Please Sign Here:** \_\_\_\_\_

**Make checks payable to "Town of Wayland" OR  
 VISA, MasterCard, Discover, AMEX**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

CARDHOLDER NAME

AUTHORIZED SIGNATURE