

# 2009 SPRING-SUMMER CLASS REGISTRATION FORM

Please Use this form for classes and show tickets. Please use bus form for bus trips.

PLEASE PRINT ALL INFORMATION, SIGNATURE REQUIRED BELOW  
THIS FORM MAY BE DUPLICATED

NOTE: Bus Trips have their own form. If not in booklet, please call 978-264-9608 or visit: [www.acton-ma.gov](http://www.acton-ma.gov)

1. Participant Name: \_\_\_\_\_ Program # \_\_\_\_\_ Session# \_\_\_\_\_  
Program Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 09): \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

2. Participant Name: \_\_\_\_\_ Program # \_\_\_\_\_ Session# \_\_\_\_\_  
Program Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 09): \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

3. Participant Name: \_\_\_\_\_ Program # \_\_\_\_\_ Session# \_\_\_\_\_  
Program Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (Fall 09): \_\_\_\_\_ Class Fee: \$ \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

If any participant(s) is under age 18 for any class please PRINT parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

(note: email addresses will not be distributed-they are for class notifications and recreation updates)

Telephone: (list in order)

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

## **By signing below I acknowledge the following:**

*I agree to hold harmless the Town of Acton and/or its employees, independent contractors, their agents and employees, from claims or liability related to any accident or injury that may occur. I certify that the participant is in good health. I understand there is some risk in taking part in sports and recreational related activities, and I am willing to assume those risks. I give participant permission for medical treatment to be given if the need arises.*

**REFUNDS & WITHDRAWALS POLICY:** You may withdraw from a program up to 7 (seven) business days prior to the start date--an administrative fee of \$10 will be applied to all registrations. After that time, no refunds will be issued. All refunds must be submitted in writing to the Recreation Department requesting withdrawal and refund. It will take two-three weeks for the refund to be processed. Refunds will not be made for classes missed due to inclement weather. Exception to policy: a written letter from a licensed physician excusing participant from a program. The Recreation Department reserves the right to suspend a participant in a program due to inappropriate behavior. No refunds will be given for any participant who has been suspended from a program. **NOTE: Certain programs and trips have separate refund policies and will be duly noted in description and /or on form.**

**CLASS CANCELLATION POLICY:** Classes are cancelled if Acton Boxborough Schools have closed or have early dismissal due to weather. Notification via email for Recreation Dept. run programs will be made if a class is cancelled due to poor weather or field conditions or lack of min. participants or maximum participants. Programs run outside of the Recreation Department are responsible to notify participants of class cancellations. Efforts will be made to make-up weather cancelled classes, but are not guaranteed. Any class cancellations due to an illness of an instructor will be made-up or refunded. Refunds will not be offered due to a participant's inability to partake in missed make-up sessions. Come programs or classes have special cancellation policies and are noted in program description and/or special registration form.

\_\_\_\_\_  
**Signature of Parent/Guardian or Class Participant over age 18**

\_\_\_\_\_  
**Date**

(Must be signed to participate)

The Recreation Department accepts cash, check, money order, VISA or MasterCard.

**NOTE TO STAFF:** \_\_\_\_\_

**SPECIAL ACCOMMODATIONS-**In order to enhance participation, please identify any special accommodations needed:

Checks payable to: **Town of Acton.** Credit card transactions must be completed at the Recreation Dept.  
A \$3 fee up to \$99 and \$3 for each \$100 after is added to credit card transactions.

**Please mail or bring completed registrations with payment to:**

For Office Use: Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ Cash MasterCard VISA Amount \$ \_\_\_\_\_

