



# CITY OF MELROSE

RECREATION DEPARTMENT

Melrose Recreation Department  
562 Main Street  
Melrose, Massachusetts 02176  
Telephone - (781) 979-4179  
E-mail - [recreation@cityofmelrose.org](mailto:recreation@cityofmelrose.org)

## REGISTRATION FORM

Make Checks Payable to "Melrose Recreation Department"

PROGRAM TITLE: \_\_\_\_\_ SESSION: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS (REQUIRED): \_\_\_\_\_

In case of emergency, name and phone number of person to contact if no answer at the above number:

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

I agree to hold harmless the City of Melrose, its Recreation Department, and/or any of their employees for claims or liability related to any accident that may occur. I give my permission for medical treatment to be given to the participant if the need arises. All injuries, conflicts, and bullying issues that take place during the MVMMS afterschool programming will be reported to the principal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Refund Policy:** Because our classes are supported solely by fees, no refunds will be given after a class or a session begins unless for a medical condition. If you cancel for other reasons, you must do so **before two weeks prior to the first class** for a refund (minus administrative fee). Request must be in writing with a short explanation. Refunds may take 4 – 6 weeks for processing. **An administrative fee of \$10.00 will be retained per person per program for all withdrawals from summer programs**

### OFFICIAL OFFICE USE ONLY:

PROGRAM FEE: \$ \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_