



**PAXTON RECREATION**  
**PROGRAM REGISTRATION**

Please fill out the registration form with the proper course fee, and mail it to:

PAXTON RECREATION – Attn: Kathy Card  
697 PLEASANT ST,  
PAXTON, MA 01612.  
OR  
You can drop the registration form off at Town Hall

\*Checks should be made payable to: **TOWN OF PAXTON**

**Refund policy** – Full refunds are given when; A) a class is cancelled due to low enrollment. B) The course requested is already filled. C) Students withdrawing from a class at least 5 full business days before the start of class will receive a full refund. No other refunds will be granted.

**Cancellations** – If school is closed, scheduled recreation programs held in school are also cancelled.

Adult name: \_\_\_\_\_ Email \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) : \_\_\_\_\_ (Cell): \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Consideration / Allergies: \_\_\_\_\_

Program Name	Session	Day/Time	Participant's Name	Fee

I agree not to hold responsible the Paxton Recreation Commission; the Town of Paxton; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program and no money will be refunded. I also grant permission for the Recreation staff to seek medical care for myself or my child in the event that a family member cannot be reached. (All participants in any town recreation program must complete this waiver).

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