CITY OF MELROSE

RECREATION DEPARTMENT

Frank Olivieri, CPRP
Melrose Recreation Department
Recreation Director

Melrose Recreation I
100 :
Melrose, Massachı
Telephone - (7
E-mail - folivieri@ci

REGISTRATION FORM

Make Checks Payable to "Melrose Recreation Department"

PROGRAM TITLE: MHS LADY RAIDERS SOCCER CLINIC SCHOOL ATTENDING: _____

FIRST NAME: _____ LAST NAME: _____ GRADE: ____ DOB:

ADDRESS: _____ CITY: _____ ZIP

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

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

EMERGENCY CONTACT: _____ PHONE: _____

Medical Concerns: _____

_____

I agree to hold harmless the City of Melrose, its Recreation Department, and/or any of their en claims or liability related to any accident that may occur. I give my permission for medical treatmen to the participant if the need arises.

Signature: _____ **Date:** _____

OFFICIAL OFFICE USE ONLY:

PROGRAM FEE: $ _____ CASH: _____ CHECK #: _____ DATE: _____