



# CITY OF MELROSE

RECREATION DEPARTMENT

**Frank Olivieri, CPRP**  
**Melrose Recreation Department**  
**Recreation Director**

**Melrose Recreation Department**  
**100 Slayton Rd.**  
**Melrose, Massachusetts 02176**  
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## REGISTRATION FORM

Make Checks Payable to "Melrose Recreation Department"

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

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 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.

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

**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.**

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### OFFICIAL OFFICE USE ONLY:

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