



## TYNGSBOROUGH PARKS & RECREATION DEPARTMENT

### Registration Form and Policies

-Please sign up early, as space may be limited. All programs are on a “**first-come-first-serve**” basis via mail-in registration from this brochure. Classes cannot be attended until fee is paid. The Department reserves the right to cancel classes.

-**Registration** may be limited due to space or staff-to-participant ratio. Late registration may be accepted subject to availability. A registration form must be filled out for each program.

-Please make checks payable to: **Town of Tyngsborough**. There is a **\$25.00 service fee** for returned checks.

-**Refund Policy** – Refunds will be allowed up to 2 weeks before the start of a program with a **\$25 cancellation fee**. If the program cost is less than \$25 the cancellation charge will only be the program cost. There are no refunds inside of this deadline. Late fees are non-refundable. Refunds may take up to 60 days.

-Mail to: Tyngsborough Recreation and Parks Department, 25 Bryants Lane, Tyngsborough, MA 01879

-Non-resident registrations are accepted in some programs, space permitting at an additional rate of **\$10.00/program**.

-Confirmation of your program will NOT be made. You will be notified only if you are not in a class due either to full enrollment or a course cancellation. Otherwise, please plan to attend your class at the first meeting. **Advanced registration is required for all programs.**

**Scholarship Requests** - The TPRC will consider requests for program scholarships within the financial constraints imposed by the committee and the program’s availability. Normal requests would be limited to one to two programs per season per person and must be submitted within the normal registration period for the program being requested. All requests should be submitted directly to the TPRC Chairperson.

Participant Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_ Town/City/Zip: \_\_\_\_\_

D.O.B./Age \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

TITLE: Basketball \_\_\_\_\_       Check if Interested in Travel Team Tryouts

Fees: Recreational Division

Preschool and Kindergarten program: No Cost

Grades 1-2 Instructional Early Registration \$40, After December 1 \$50

Grades 3-9 \$90, After November 1 \$100

Family Cap \$250

Travel Teams Grades 4-8 \$250

- Does the participant have any medical conditions or special needs that we should be aware of? (medication, allergies, etc...)

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes please explain: \_\_\_\_\_

- We will be **photographing** our programs. If you do **not** want to be photographed indicate by placing an X mark in box and sign below.

Signature \_\_\_\_\_

**Tel # 978-649-2300 x 150 or Steve Kirby 978 502-8106 (steve.kirby.sk@gmail.com)**

Date received: \_\_\_\_\_ Amount received: \_\_\_\_\_ Cash \_\_\_\_\_ or Check (#) \_\_\_\_\_

**TOWN OF TYNGSBOROUGH  
PARKS AND RECREATION CONSENT AND RELEASE FORM**

I/We, the undersigned \_\_\_\_\_

(Name(s) of parent(s) or guardian(s). Insert legal relationship to student, e.g., "parent(s)", "guardian(s)")

of \_\_\_\_\_, my/our child or ward,

(Name of Student)

a minor, do hereby consent to my/our child's or ward's (the "child" or the "child's") participation in voluntary athletic, recreation or extra-curricular programs (the "Programs") of the Town of Tyngsborough.

I/We represent and warrant that I/we am or are the parent(s) or guardian(s) of the child with authority to so consent and to sign this Consent and Release Form (the "Form").

I/We understand that participation in the Programs carries the possibility of physical injury and may involve physical activity that may be strenuous and that there are risks inherent in the Programs.

I/We agree to forever release the Town of Tyngsborough and all their employees, agents, board members, volunteers, and any and all individuals or organizations (the "Releasees") assisting or participating in the Programs of the Releasees from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to the child or property damage resulting from the child's participation in the Programs.

I/We also agree to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of all description that may have been asserted or may be asserted in the future, directly or indirectly, arising from personal injuries to the child or property damage resulting from the child's participation in the Programs. Initial:

\_\_\_\_\_ Initial: \_\_\_\_\_

I/We understand that the child's participation in the Programs is voluntary and that the child and I/we am or are free to choose not to participate in the Programs. By signing this Form, I/we affirm that I/we have decided to allow the child to participate in the Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage the child or I/we may suffer as a result of participating in the Programs.

I/We further affirm that I/we have read this Form with care and that I/we understand the contents of this Form. I/We understand and acknowledge that this Form is a legal instrument, which may affect my/our legal or the child's legal rights, and that I/we was or were afforded the opportunity to have this Form reviewed by legal counsel of my/our choice before my/our signing this Form.

I/We sign this Form voluntarily and freely without duress. I/We further acknowledge that the Releasees have made no representation of fact or opinion to me/us, which in any manner had induced me/us to agree to sign this Form. Initial:

\_\_\_\_\_ Initial: \_\_\_\_\_

Witness to Signatures:

Signed:

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Name/Phone #: \_\_\_\_\_