

REGISTRATION FORM

**Proof of Age is required
for new participants**

WEST SPRINGFIELD PARK & RECREATION DEPARTMENT REGISTRATION FORM

Parent/Guardian Name: _____ Home Phone: _____
(parent/guardian if participant is under 18 or under legal guardianship)

Street Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Is this a change in address? Yes No Email Address: _____

**This form cannot be used for Centrum & Tiny Tots
Proof of age is required for new participants**

Participant Information:

Activity Code	Last name	First Name	Address/City	M/F	D.O.B	Current Grade	Grade entering 9/2012	Fee

Please Read and Sign

I am aware that participation in any recreational activity may involve the risk of injury. I have reviewed the activities required to participate in this program as set forth above, and I am able to perform these activities. I realize that the submission of any false or knowingly misleading statement made in completing this form by the participant or by his or her parent or guardian, will be grounds for the removal of the participant from the program and the forfeiture of any fee paid. Recognizing that there is a risk of injury in my participation in this program, I hereby release, and discharge, and agree to indemnify and hold harmless, the Town of West Springfield, it's employees, contractor instructors, and volunteers from any and all liabilities and cause of action that I or my child may have arising out of participation in this program.

I hereby agree to abide by the rules and regulations as established by the West Springfield Park and Recreation Department. I further agree that when I leave this activity or at its completion, I shall return any and all equipment and uniforms issued to me.

Zero Tolerance Policy

By signing below, I agree that if I, or any of my family members or guests, fail to abide by the Code of Conduct found in the "Zero Tolerance Policy", received at the time of registration, then I/they will be subject to disciplinary action in accordance with the "Zero Tolerance Policy; that could include, but is not limited to the following:

- Verbal warning by an official, head coach or Recreation Staff person.
- Parental game suspension with written documentation of incident kept on file by WSPRD.
- Game forfeit initiated by the official or coach.
- Parental season suspension.

Parent/Guardian Signature: _____ Date _____

Coaches & Sponsors Needed for Sports Teams!

We rely on volunteers to coach and help teams. Without volunteers, the sports program cannot be successful. No experience is necessary, just the desire to help kids learn basic skills and enjoy being active.

I would like to Volunteer as...
Coach _____ Asst. Coach _____

I would like to Sponsor a team...
Yes _____ No _____

Adult officials and/or referees are needed. I would be interested...
Yes _____ No _____

Make checks payable to: Town of West Springfield

Mail to:
West Springfield Park & Recreation Department
26 Central Street - Suite 19
West Springfield, MA 01089

_____ Cash (do not mail cash)

_____ Check/Money Order

Total Enclosed \$ _____