CITY OF MELROSE

RECREATION DEPARTMENT

Frank Olivieri, CPRP
Melrose Recreation Department
Recreation Director

Melrose Recreation Department
100 Slayton Rd.
Melrose, Massachusetts 02176
Telephone - (781) 662-9511
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REGISTRATION FORM

Make Checks Payable to "Melrose Recreation Department"

PROGRAM TITLE:_____ SESSION:_____

FIRST NAME:_____ LAST NAME:_____ GRADE:_____AGE:_____

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 Melrose Recreation department and/or its 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.

OFFICIAL OFFICE USE ONLY:

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