

# REGISTRATION FORM

OR REGISTER FOR MANY ACTIVITIES ONLINE AT WWW.SALEM.COM

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Disability, allergy or medical information: \_\_\_\_\_

Program	Fee
Total \$ _____	

**LIABILITY:** I understand that the City of Salem Park, Recreation & Community Services Department, School Department, and or the Instructors are not liable for personal injuries, or loss of, or damage to personal property. Should I or the participant(s) named above require emergency medical attention, I hereby grant permission to the attending physician and/or appropriately trained personnel to undertake administration of anesthesia, medical, X-ray and surgical procedures as may be deemed necessary or advisable. I understand, however, that every reasonable effort, under the circumstances, will be made to contact me or the emergency contact person (specified by me, below) in the event of an emergency.

**REFUND POLICY:** If you are dissatisfied with a program for any reason, the Park, Recreation & Community Services Department must be notified in writing before the beginning of the second class to receive a refund. A 50 percent processing fee will be deducted for any approved refund. For programs held at Salem schools, we follow the school cancellation policy. If school is closed, we do not run classes or programs. We will do our best to contact everyone if the class is cancelled before it starts, but we cannot guarantee prior notification. We will do our best to reschedule a makeup for a cancelled class, but there is no guarantee of a makeup. A \$25 processing charge will be assessed for any checks returned by your bank.

Signature of participant (or parent/guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Make checks payable to:  
City of Salem Park and Recreation  
and mail to: 5 Broad St., Salem, MA 01970*