

# Chatham Recreation

Chatham Community Center  
702 Main Street  
Chatham, MA 02633  
Telephone (508) 945-5175  
Fax (508) 945-5159

## Family Registration Form

Please complete form as fully as possible so your family can be added to the recreation software data base. (Please print)

**Family Members**      use back if necessary

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Contact Information

Street Address: \_\_\_\_\_

P. O. Box \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell phone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Cell phone: \_\_\_\_\_

State: \_\_\_\_\_ Work phone: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

**Family Medical Information**      use back if necessary

<u>First Name</u>	<u>Allergies/Medications/Health issues</u>	<u>Physician</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Emergency Contact Information**      use back if necessary

<u>Contact's Name</u>	<u>Telephone number</u>	<u>Relationship to your family</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission to capture a picture and scan for each individual family member for use with ReCPro.

\_\_\_\_\_  
Adult / Parent / Guardian **Signature**      Date: \_\_\_\_\_