

Summer 2022 Youth Programs Registration Form

Use Paper to register OR register online at

www.chathamcommunitycenter.com

Child's Name: _____ Date of Birth: _____
Just completed grade: _____
Chatham Address: (required) _____
Year Round Mailing Address _____
Email Address: _____
Parent(s)/Guardian(s) _____
Chatham Tel. No. _____
Other Tel. No. _____
Emergency Contact _____
Relationship to child _____
Tel. Number _____

Are there any allergies, medications or health issues that we should know about?
(Use back if necessary) _____

Summer Rec: M-F 9:00 A.M.—12:00 P.M. _____
Tennis Only: MWF Age 6—10 hourly instruction 8:00-9:00 A.M. _____
MWF Age 11—14; 90 minutes of instruction 9:30-11:00 A.M. _____
Session 1 _____ Session 2 _____ Full Summer _____

Swimming Only: Please check no more than two sessions

Swim Level _____ a.m. class _____ p.m. class _____
Session 1 _____ Session 2 _____ Session 3 _____

Name of Program: _____

Program Dates: _____

In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian Signature _____ Date _____

Registration Form & Fee received by: _____ Date: _____

Paid with: check # _____ Amount: \$ _____ (we cannot accept cash)

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