

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. Include info for entire immediate family.
(Please print and use back if necessary)

Family Members

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

Contact Information

Year Round Mailing Address:

Chatham Address if different:

Address: _____

Address: _____

P. O. Box _____

P. O. Box _____

Zip Code: _____

Zip Code: _____

City/Town: _____

City/Town: _____

State: _____

State: _____

Home Telephone: _____

Home Telephone: _____

Cell phone: _____

Cell 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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information

use back if necessary

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

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

Adult / Parent / Guardian **Signature** Date: _____