



CITY OF MELROSE

RECREATION DEPARTMENT

Frank Olivieri, CPRP
Melrose Recreation Department
Recreation Director

Melrose Recreation Department
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Melrose, Massachusetts 02176
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REGISTRATION FORM

Make Checks Payable to "Melrose Recreation Department"

PROGRAM TITLE: _____ SESSION: _____ SHIRT SIZE: _____
(IF APPLICABLE)

FIRST NAME: _____ LAST NAME: _____ GRADE: _____ DOB: _____

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 City of Melrose, its Recreation Department, and/or any of their 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: _____