

Chatham Community Center

Telephone 508-945-5175

www.chathamcommunitycenter.com

Floor Hockey



Who: Chatham residents, graduates of CHS, parents of school choice students and Chatham Municipal Employees

When: Thursdays 7-8:45 P.M. November 9 - April 26
Not meeting on: Thanksgiving Day

Location: Community Center Gym

Registration Fee: \$20 resident
\$25 non-resident (provided space available in program)
Please make checks payable to: "Town of Chatham"

Participants may be asked to show visible proof of residency in the form of a driver's License, rental agreement or utility bill with your name and address on the same

Clip here and return

X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X

Floor Hockey

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Residential Address: \_\_\_\_\_
Street Address (required) Town (Chatham, North, South, West, Port?)

Mailing Address: \_\_\_\_\_
Street#/P.O. Box Town State Zip

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, 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. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a 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.

Signature

Date: \_\_\_\_\_

Registration Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_