

WINTER SESSION ONE - REGISTRATION FORM

USE A SEPARATE FORM FOR EACH PERSON. PLEASE WRITE SEPARATE CHECKS FOR WINTER 1 & WINTER 2.

Participant Name: _____ Child D.O.B. _____ Parent's Name: _____

Address: _____ Home Phone: _____ Work Phone: _____

Name of person collecting your child if different from above Parent's Name: _____

Course Code: _____ Course Name: _____ Day: _____ Class Time: _____ Fee: _____

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I hereby agree to hold the Town of Norfolk, its officers, employees and contracted employees harmless and release them from any liability for any injury which I or my child might sustain while participating in the activities listed on the is form. **Signature:** _____

I hereby request Scholarship Aid. _____ Please briefly explain the reasons or if you prefer, call Recreation Co-Directors at 520-1315.

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