



BROOKLINE RECREATION

BROOKLINE RECREATION DEPARTMENT
133 ELIOT STREET, BROOKLINE MA 02467
617.730.2069 www.BrooklineRec.com

Membership ID:

Grid for membership ID with digits 1, 0, 0, 0 and empty cells.

R.A.F.T. (RECREATION ACTIVITIES FOR TEENS)
2019 - 2020 REGISTRATION FORM

CHILD'S LAST NAME CHILD'S FIRST NAME

ADDRESS APT CITY STATE ZIP

HOME TELEPHONE GENDER: M F BIRTH DATE (MM/DD/YY)

AGE GRADE SCHOOL

CHILD'S EMAIL ADDRESS (IMPORTANT FOR NEWSLETTER COMMUNICATIONS)

PARENT/GUARDIAN #1
HOME ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS APT

CITY STATE ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS (NEWSLETTER COMMUNICATIONS)

PARENT/GUARDIAN #2
HOME ADDRESS (IF DIFFERENT THAN ABOVE)

ADDRESS APT

CITY STATE ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS (NEWSLETTER COMMUNICATIONS)

-PLEASE FILL OUT BOTH SIDES - BACK OF FORM MUST BE SIGNED-



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ANY MEDICATIONS OR MEDICAL PROBLEMS STAFF SHOULD BE AWARE OF:

ANY OTHER PERTINENT INFORMATION ABOUT YOUR CHILD:

REGISTRATION GOOD THROUGH AUGUST 2018.
REGISTRATION FEE: \$10.00 PER CHILD
LOST CARD FEE: \$5.00

AMOUNT ENCLOSED: _____
(CHECKS PAYABLE TO: TOWN OF BROOKLINE)

Informed Consent &
Release and Waiver of Liability

I/WE, THE UNDERSIGNED, FOR MYSELF AND/OR AS PARENT(S) OR LEGAL GUARDIAN(S) OF MY ABOVE NAMED MINOR, HEREBY ACKNOWLEDGE MY WISH TO PARTICIPATE IN, AND/OR MY CONSENT TO SAID MINOR'S PARTICIPATION IN, THE FOREGOING TOWN OF BROOKLINE PARK AND RECREATION PROGRAM. I AM HEREBY INFORMED THAT THE ABOVE NAMED CHILD WILL BE ABLE TO ENTER AND EXIT THE RAFT EVENTS AND OPEN GYMS FREELY ON THEIR OWN WITHOUT NOTIFICATION TO BROOKLINE RECREATION OR MYSELF. IN SIGNING THIS CONSENT AND RELEASE, I/WE DO FOREVER RELEASE, ACQUIT, DISCHARGE AND COVENANT TO HOLD HARMLESS THE TOWN OF BROOKLINE, AND ITS SUCCESSORS, DEPARTMENTS, OFFICIALS, OFFICERS, EMPLOYEES, SERVANTS AND VOLUNTEERS, FROM ANY AND ALL ACTIONS, CAUSES OF ACTION, CLAIMS, DEMANDS, DAMAGES, COSTS, LOSS OF SERVICES, EXPENSES AND COMPENSATION ON ACCOUNT OF, OR IN ANY WAY ARISING FROM, DIRECTLY OR INDIRECTLY, ALL KNOWN AND UNKNOWN PERSONAL INJURIES OR PROPERTY DAMAGES WHICH I/WE MAY NOW OR HEREAFTER HAVE FOR MYSELF AND/OR AS THE PARENT(S) OR LEGAL GUARDIAN(S) OF SAID MINOR, AND ALSO ALL CLAIMS AND RIGHTS OF ACTION OR DAMAGES WHICH SAID MINOR MAY HAVE OR HEREAFTER MAY ACQUIRE AS A RESULT OF HIS/HER PARTICIPATION IN THE TOWN OF BROOKLINE PARK AND RECREATION PROGRAM. FURTHERMORE, I/WE HEREBY AGREE TO INDEMNIFY THE TOWN OF BROOKLINE AND ITS SUCCESSORS, DEPARTMENTS, OFFICIALS, OFFICERS, EMPLOYEES, SERVANTS AND VOLUNTEERS FROM AND AGAINST ANY AND ALL CLAIMS FOR DAMAGES, COMPENSATION, ATTORNEY'S FEES OR OTHERWISE ARISING OUT OF OR RESULTING FROM MY AND/OR SAID MINOR'S PARTICIPATION IN THE TOWN OF BROOKLINE PARK AND RECREATION PROGRAM. BY SIGNING BELOW, I AGREE AND OFFER INFORMED CONSENT FOR THE ABOVE NAMED MINOR(S) PARTICIPATION IN SAID EVENT.

(PARENT OR LEGAL GUARDIAN SIGNATURE)

DATE

-PLEASE FILL OUT BOTH SIDES - BACK OF FORM MUST BE SIGNED-