

**NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM**  
 DO NOT USE this form for Summer Day Camps, Youth & Adult Sports, or Birthday Party registrations: Download those packets at [www.northamptonma.gov/recreation](http://www.northamptonma.gov/recreation)

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE PRINT LEGIBLY**

New to Northampton Parks & Recreation     I have updated my Information

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| <b>ADULT 1</b>                           | <b>ADULT 2</b>                           |
| Name _____                               | Name _____                               |
| Address _____                            | Address _____                            |
| City _____ St _____ Zip _____            | City _____ St _____ Zip _____            |
| Phone: (H) (____) _____ (W) (____) _____ | Phone: (H) (____) _____ (W) (____) _____ |
| Cell (____) _____                        | Cell (____) _____                        |
| Email: _____                             | Email: _____                             |

**EMERGENCY CONTACT OTHER THAN PARENT**

Name \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

**Photo Release:** May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use?  
 Yes       No

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ Male  Female   
 Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
 Current Grade \_\_\_\_\_ or  
 Grade in Fall \_\_\_\_\_ for programs after June

| Program Name | Session | Day(s) | Level | Start Date | Basic Fee | Non-Res Fee | Total Fee |
|--------------|---------|--------|-------|------------|-----------|-------------|-----------|
|              |         |        |       |            | \$        | \$          | \$        |
|              |         |        |       |            | \$        | \$          | \$        |

**TOTAL FEE FOR PARTICIPANT**    \$ \_\_\_\_\_

**PARTICIPANT'S FULL NAME:** \_\_\_\_\_ Male  Female   
 Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
 Current Grade \_\_\_\_\_ or  
 Grade in Fall \_\_\_\_\_ for programs after June

| Program Name | Session | Day(s) | Level | Start Date | Basic Fee | Non-Res Fee | Total Fee |
|--------------|---------|--------|-------|------------|-----------|-------------|-----------|
|              |         |        |       |            | \$        | \$          | \$        |
|              |         |        |       |            | \$        | \$          | \$        |

**TOTAL FEE FOR PARTICIPANT**    \$ \_\_\_\_\_

**PASS PURCHASE**

| Pass                            | Pass Type                                                           | Pass Length                    | Fee      | <b>TOTAL AMOUNT DUE</b> \$ _____ |
|---------------------------------|---------------------------------------------------------------------|--------------------------------|----------|----------------------------------|
| Aquatic Center<br>Musante Beach | Res: Adult Family Senior Youth<br>Non-Res Adult Family Senior Youth | 6 Month 12 Month<br>Beach Pass | \$ _____ |                                  |

| Pass Holder's Name(s) | Male/Female | DOB   | Pass/Tag# Issued | Special Considerations/Comments (Use back if necessary) |
|-----------------------|-------------|-------|------------------|---------------------------------------------------------|
| _____                 | Male/Female | _____ | _____            | _____                                                   |
| _____                 | Male/Female | _____ | _____            | _____                                                   |
| _____                 | Male/Female | _____ | _____            | _____                                                   |
| _____                 | Male/Female | _____ | _____            | _____                                                   |
| _____                 | Male/Female | _____ | _____            | _____                                                   |

Charge my VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ Card # \_\_\_\_\_ Expiration \_\_\_\_\_  
 Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

|                                            |            |               |              |            |               |             |
|--------------------------------------------|------------|---------------|--------------|------------|---------------|-------------|
| <b>Office Use Only:</b> Amt Rec'd \$ _____ | Cash _____ | Check # _____ | Credit _____ | Date _____ | RT Date _____ | Staff _____ |
| Amt Rec'd \$ _____                         | Cash _____ | Check # _____ | Credit _____ | Date _____ | RT Date _____ | Staff _____ |