

South Norfolk County Arc
Social and Recreation Registration Form
Fall 2009-Spring 2010

Please fill out this form completely. **Please print clearly!** Check only the programs you will be attending.
 Please return this form to: Nancy Lynch. c/o SNCARC. 789 Clabboardtree St. Westwood. MA 02090

PLEASE CHECK HERE IF YOU WANT TO BE TAKEN OFF MAILING LIST (YES)
 In order to participate in any program, you must remain on the mailing list and register with this dept!
 Date: _____

Participant Name	Date of Birth:
Address:	City/Town:
Zip Code:	Home Phone:
Email Address:	
Emergency Contact Name:	Cell Phone:
Parent/Guardian Name: _____	
Telephone:	Email Address:
Name of Insurance Provider:	
Insurance ID #: Primary Physician:	
Please list all Allergies:	
Preferred Hospital:	

SPORTS	BASKETBALL November 2009 - April 2010 YES ___
	NORWOOD BOWL Oct 2009 YES ___ APR 10 ___
	MILLIS BOWL October 09 - April 2010 YES ___
	SOFTBALL May 2009 - September 2010 YES ___

SOCIAL CLUBS	SNCARC CLUB Oct 09 - May 2010 YES ___
	SNCARC DANCE Oct.09 - April 2010 YES ___

HIP HOP CAFÉ' (Friday 5 times a year) YES ___ OUR CLUB /Full (wait list) YES ___

ADULT EDUCATION			
ARTS AND CRAFTS	_____	_____	_____
COOKING (FALL 09)	_____	(WINTER 2010) _____	(SPRING 2010) _____ (5 WEEK COURSE)
COMPUTER (FALL 09)	_____	(WINTER 2010) _____	(SPRING 2010) _____ (5 WEEK COURSE)
EXERCISE (FALL 09)	_____	(WINTER 2010) _____	(SPRING 2010) _____ (5 WEEK COURSE)
ART CLASS (FALL 09)	_____	(SPRING 2010) _____	(5 WEEK COURSE)
LITERACY (FALL 09)	_____	(SPRING 2010) _____	(6 WEEK COURSE)

I/We, MOTHER, FATHER OR GUARDIAN, _____ GIVE MY APPROVAL FOR
 _____ TO PARTICIPATE IN RECREATION AT SNCARC AND AGREE TO
 HOLD HARMLESS SNCARC, THEIR STAFF AND VOLUNTEERS FROM ANY CLAIM ARISING OUT OF
 INJURY TO HIM/HER. DATE _____

YOU WILL NOT BE ABLE TO ATTEND ANY PROGRAM, UNTIL YOU FILL OUT THIS FORM!
 PLEASE MAIL THIS FORM TO THE ADDRESS ABOVE.
 NANCY LYNCH/DIRECTOR, RECREATION/VOL.
nlynch@sncarc.org 781-762-4001x308 / Hotline # 781-762-4001x443