

Name: _____ Phone: _____

Address: _____

Have you registered before? Yes ____ No ____ M ____ F ____ Date of Birth: _____

Emergency Contact Info:

Name: _____ Relationship: _____ Phone: _____

Class Info:

If you have any special needs that would require assistance to enable you to participate **Total Paid \$**

in a program, please inform the Activities Director at the time of registration. **Date Received:**

I understand that while I participate in this program, I will participate at my own risk. I also agree to and do hereby release and forever discharge the Town of Ludlow, it's officers, agents or employees from or in any manner arising out of injury or damage which I may sustain in the aforementioned programs. I further understand due to the potential health risks created through my participation it is my responsibility to seek medical advice prior to enrolling in any exercise class.

Signature of Participate

Date