

Registration Information

Registration Form

Please fill using CAPITAL letters.

Head of Household

Last Name _____ First Name _____ Sex: Female Male

Address _____

City/Town _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact/Name _____ Contact Number _____

Email address for notification purposes _____

Cambridge Resident Non-resident Change of Address

Child Participant

Child's Name _____ Sex: Female Male

Age _____ Date of Birth _____

Class Code _____ Title _____

Day _____ Time _____ Fee _____

Class Code _____ Title _____

Day _____ Time _____ Fee _____

Adult Participant

Name _____ Sex: Female Male

Date of Birth _____

Class Code _____ Title _____

Day _____ Time _____ Fee _____

Class Code _____ Title _____

Day _____ Time _____ Fee _____

Second Choice if Class is Full

Class Code _____ Title _____

Day _____ Time _____ Fee _____

Media Release

I do I do not give permission to the City of Cambridge and War Memorial Recreation Center to use photographic and video reproductions for publicity purposes.

Participant Signature (parent/guardian signature if participant is under 18 years of age)

_____ Date _____