

**WELLFLEET RECREATION DEPARTMENT  
Summer Registration 2016  
Drawing Class with Neal Nichols, Jr.**

**NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_ **AGE** \_\_\_\_\_

**LOCAL ADDRESS** \_\_\_\_\_

**ENTERING GRADE** \_\_\_\_\_ **LOCAL TELEPHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**Does your child have any illness or handicap that would hinder participation?**

**If yes explain** \_\_\_\_\_

**List of people authorized to pick up your child:** \_\_\_\_\_

**Waiver of liability: I the undersigned, hereby agree to release the Town of Wellfleet and the Recreation Department and its staff from all responsibility resulting from injuries or accidents which may occur while participating in Wellfleet Recreation's Summer Programs. I also understand that participation in Recreation is a privilege and that all children will be required to behave in a sportsmanlike manner.**

**Dated:**

**Signature of parent or guardian**

**LIST OF PEOPLE AUTHORIZED TO BE CALLED IN CASE OF EMERGENCY  
(Please provide 2 additional people other than yourself)**

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

**AMOUNT PAID:**

**August 1-5, 1PM-3PM \$180.00**

**August 8-12, 1PM-3PM, \$180.00**

**August 15-19, 9AM-12:PM \$200.00**

**Checks made payable to "Town of Wellfleet"**

**PD (Week# \_\_\_\_\_ )**