REGISTRATION FORM

CONCORD RECREATION

GENERAL REGISTRATION
Register online, in person or by mail:

Hunt Recreation Center
90 Stow Street
Concord, MA 01742
978-369-6460

Monday through Friday
8:00 am-5:00 pm

Beede Swim & Fitness Center
498 Walden Street
Concord, MA 01742
978-287-1000

Monday through Friday
5:30 am-9:00 pm
Saturday and Sunday
7:00 am-6:00 pm

Phone registrations are accepted with Visa or Mastercard only.

• There will be a $25.00 fee if you must cancel or switch a class once your registration has been processed. This applies to all Concord Recreation programs.

AQUATICS REGISTRATION
• Registration forms are processed on a first-come, first-served basis and may be received by mail or in person.

• You may submit registration forms for you and your family and one additional household.

• Full payment must accompany the registration form in order to be processed.

• Memberships MUST be current through the entire program session to receive full member rate.

• Registration forms will not be accepted before the registration date and will not be held if received early.

• In cases where classes are filled or canceled when we receive your registration, we will notify you to try to arrange an alternate class.

CLASS CANCELLATION AND INSTRUCTIONAL PROGRAM CREDIT POLICY
The Beede Center reserves the right to make schedule changes to better serve our members or to cancel/combine instructional classes and programs due to insufficient enrollment. Please make sure your calendar will allow you to enjoy all of the lessons/ classes before enrolling in a program.

A credit will be issued under the program participant's name if the Facility must cancel a class due to the following:

1. Thunder/Lightning
2. Mechanical issues
3. Fire evacuation

No credits or makeups will be issued for circumstances which are beyond the control of the Beede Center including:

1. Missed classes due to illness or vacation or if you should choose not to attend.
2. Snow/Blizzard, Tornado, Hurricane
3. Power outages
4. No water supply

Name _____ **Parent's Name** _____

Address _____ **Town** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Emergency Contact Name _____ **Phone Number** _____

Date of Birth _____ **Age** _____ **Grade** _____ **E-mail** _____

PROGRAMS

Program _____ **Day/Time** _____ **Program No.** _____ **Fee** _____

Program _____ **Day/Time** _____ **Program No.** _____ **Fee** _____

2nd choice for Swim/Dive class required.

Special Accommodations _____

In order to enhance participation, please identify any special accommodations needed.

I hereby give my permission for the above registrant to participate in this program. I understand that the Town carries no insurance for participants.
I agree to hold harmless to the Town of Concord and/or its employees and volunteers from claims or liabilities related to any accidents that may occur.
I give my permission for medical treatment to be given if the need arises. I have read and understand the class cancellation and instructional policy.

Signature _____ **Date** _____

Parent/Guardian if under 18.

PAYMENT

Check ☐ Make checks payable to the Town of Concord **Credit Card** ☐ MasterCard ☐ VISA

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date ☐☐/☐☐ **V-Code** ☐☐☐

Name on Card _____

Signature _____ **Date** _____

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