



Town of Matthews Program Enrollment Form
Be sure to include all information. Print clearly.

Name of Program: _____

Instructor: _____

Child's Information

Name: _____
Last First Nickname

Address: _____
Number/Street Apt. No
City State Zip Code

Home Phone Number: _____

Birth date (Month, Day, Year): ____/____/____ Age _____

Sex: Male _____ Female _____

Does your child have any special needs or requirements? _____ Yes _____ No
If yes, please answer on back of sheet.

Allergies (State Allergy, Reaction and Treatment)

Allergy	Reaction	Treatment
1. _____	_____	_____
2. _____	_____	_____

Medical Care Authorization and Hold Harmless Agreement:

I _____ hereby acknowledge my receipt and understanding of the information disclosed on this registration form. I hereby grant permission to the Town of Matthews Staff to obtain medical care from any licensed physician, hospital, medical clinic or emergency medical service organization for the above named at such times as deemed necessary for physical health purposes. I hereby voluntarily release and discharge the Town of Matthews, the Matthews Community Center, its agents, contracted services, servants and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in the Town of Matthews activities.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Emergency Contact Information

Parent/Guardian Information:

Name: _____
Last First

Home Address (if different from child's)
Number/Street: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____