ADULT REGISTRATION FORM
TOWN OF MILLIS RECREATION DEPARTMENT

I _____ _____ would like to participate in the following Millis Recreation
Print Name Date
Department program:

_____ $_____
PROGRAM TITLE Fee

I agree to forever release the Town of Millis, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreation programs of the Town of Millis from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the town of Millis voluntary recreation programs.

ADDRESS: _____ E-mail _____

Telephone : (Days)_____ (Eve) _____

Make checks payable to: **MILLIS RECREATION DEPARTMENT**
PLEASE USE A SEPARATE FORM FOR EACH PROGRAM ~ THIS FORM MAY BE DUPLICATED