



**REGISTRATION FORM  
FOR WALK-IN / MAIL-IN REGISTRATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TEL# \_\_\_\_\_ WORK/CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

IF REGISTERING A STUDENT UNDER 18 PLEASE INCLUDE:

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ School/Teacher \_\_\_\_\_

PARENT SIGNATURE (student under 18) \_\_\_\_\_

Course	Title Session and/or Time Slot	\$ Cost
	\$5.00 per class	
	Total Enclosed	

RELEASE FROM RESPONSIBILITY: I agree not to hold the Town of Duxbury, its employees, its instructors, management, or property owners responsible for any injuries incurred in the classes described in the Before and After Dark Flyer or website.

\_\_\_\_\_ (SIGNATURE)