

CONCORD RECREATION DEPARTMENT  
90 STOW RD.  
CONCORD, MA 01742  
978-318-3035

ULTIMATE CLINICS REGISTRATION FORM

Anne Westcott, coach  
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978-287-4425

Catherine Greenwald, coach  
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978-369-4787

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Grade fall 04 \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate the session you will be attending:

\_\_\_\_ Session I – Beginner/intermediate grades 6-9 July 10-14 Tuition: \$195

\_\_\_\_ Session II – Competitive players grades 9+ July 24-28 Tuition: \$270

Session II discounts:

3 or more teammates registering together: \$10 discount. Indicate team: \_\_\_\_\_

Fee includes UPA membership.

Amount Enclosed: \_\_\_\_\_

*Please make checks payable to Concord Recreation*

I wish to pay in full with a credit card:

Visa MC \_\_\_\_\_  
Credit Card Number Exp. Date: Mo. Yr.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies, Medications, Health Concerns: \_\_\_\_\_

I agree to hold harmless the Town of Concord and /or its employees from claims of liability related to any accident that may occur. I give permission for medical treatment to be given to my child if the need arises.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete form and return (with payment, if applicable) to the address above.**