
Last Name

LSSE Registration Form

170 Chestnut St., Suite 1, Amherst, MA 01002
Phone (413) 259-3065 Fax (413) 259-2407
www.lsse.org lsse@amherstma.gov

Adult Participant/Guardian (If a child's Program)

Name _____
Street _____
Town _____ State _____ Zip _____
Phone _____ Work _____
Cell _____
Email _____

Secondary Guardian (If a child's Program)

Name _____
Street _____
Town _____ State _____ Zip _____
Phone _____ Work _____
Cell _____
Email _____

Emergency Contact (Other than Guardian)

Name _____
Phone _____

Photo Release: May LSSE use photos of you or family members for brochure, website, or promotional use? yes no
Signature _____

Participant's Full Name: _____ Male Female
School: _____ Date of Birth: _____ Grade: _____
Does participant have any special needs/concerns? yes no If yes, please ask for our Inclusion Form when registering (also online)

Program #	Session	Title	Fee	Nonresident*	Total
742200	A	Beauty & the Beast	\$80	\$10.00	
				\$10.00	
				\$10.00	

Participant's Full Name: _____ Male Female
School: _____ Date of Birth: _____ Grade: _____
Does participant have any special needs/concerns? yes no If yes, please ask for our Inclusion Form when registering (also online)

Program #	Session	Title	Fee	Nonresident*	Total
				\$10.00	
				\$10.00	
				\$10.00	

Indemnification Statement: I understand that Amherst Leisure Services and Supplemental Education Department does not provide accident or hospitalization insurance for any program participants. I also understand that all participants are strongly advised to have adequate personal coverage and that participation in all department programs shall be at my own or my child's risk.

Signature: _____

Please accept my tax deductible donation of \$ _____ for the _____ program.

PAYMENT:

- Cash
- Check Make payable to TOWN OF AMHERST
- Credit Card
 - Visa MasterCard Discover

_____ - _____ - _____ Exp. Date ____/____
*A nonresident is anyone residing outside of Amherst.