



**TOWN OF BREWSTER**

**2298 MAIN STREET  
BREWSTER, MA 02631**

PHONE: (508) 896-9430  
FAX: (508) 896-9430 (CALL AHEAD)  
BREWREC@TOWN.BREWSTER.MA.US

OFFICE OF  
RECREATION COMMISSION

*Brewster CAIRS Registration Form*

*This form is used to help our staff become familiar with your child and family. Please be specific in your responses.*

**FAMILY INFORMATION**

Full Names of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Cell Phone: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**CHILD'S INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Name of Primary Teacher: \_\_\_\_\_

Special Ed. Program: \_\_\_\_\_

Does your child have a full-time or part-time para professional during the school days? Y / N

Does your child attend the Brewster After School Program (BACC)? Y / N

If yes, what days? \_\_\_\_\_

Please list any medications, allergies or dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

—

In detail, please describe your child's strengths and abilities (e.g., movement, speech/language, daily living activities, social skills, etc.) \_\_\_\_\_

\_\_\_\_\_

In detail, please describe your child's challenges (e.g., movement, speech/language, daily living activities, social skills, behavior, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please fill out program information on back or second page.\***

Brewster CAIRS Registration Form - Continued

**PROGRAM INFORMATION**

Please list all of the programs you are registering for:

Program Name: \_\_\_\_\_ Cost: \_\_\_\_\_  
Program Name: \_\_\_\_\_ Cost: \_\_\_\_\_

Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in volunteering for any programs? YES / NO

What do you hope for your child (and family) by attending Brewster CAIRS programs this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent to Release Form:**

I, the undersigned, as legal adult or parent/guardian of a minor, do hereby consent to my/my child's participation in voluntary recreation programs of the Town of Brewster. I also agree to forever release the Town of Brewster, and all their officers, boards, committees, employees, agents, volunteers, and contract employees from any and all liability, 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/my child or property damage resulting from my/my child's participation in the Town of Brewster's voluntary recreation programs. I affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that this is a legal document and that by signing it I am giving up substantial legal rights and giving up my right to sue or otherwise make a claim against the Town of Brewster its officers, boards, committees, employees, agents, volunteers, and contract employees. I further understand that my/my child's participation in these programs is voluntary. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the recreation program's with full knowledge that the Releases will not be liable to anyone for personal injuries and property damage I/my child may cause or sustain.

**Medical Release:** I hereby give permission to the Brewster Recreation Department staff to provide and administer immediate first aid and authorize a physician a local hospital to secure proper treatment for myself or my child if the need arises.

**Media Release:** I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If participant is under 18, parent/guardian signature required)

Method's of Payment: Cash or Check  
Please make checks payable to Town of Brewster  
Any Questions please call the Recreation Department @ (508) 896-9430