

# Jo Jo Makeovers & Bow Workshop

**Sunday, 9/22, 1-3pm**

**At the Town Hall Annex Gym, 856 Main Rd., Westport**



This is a fun program for moms and young daughters to attend together! We will listen to Jo Jo Siwa music, do Jo Jo Siwa makeovers, and teach you how to make your own Jo Jo Siwa hair bow! A variety of ribbon colors and embellishments will be provided and the instructor will show you in a step-by-step process of how to make your bow. Don't miss this great event!

**Who: Moms & Daughters (3 & Older)**

**Fee: \$25 per family Resident/\$30 per family Non-Resident**

**Instructor: Stacy Silva-Boutwell**

**\*To register, just fill out the attached form and mail or drop off with cash or check payment to the: Recreation Department, 856 Main Rd., Westport, MA 02790 (Checks made out to "Town of Westport.")**

Brought to you by the  
Recreation Department for the Town of Westport  
774-264-5181 [stewartd@westport-ma.gov](mailto:stewartd@westport-ma.gov)  
[www.westport-ma.com/recreation-department](http://www.westport-ma.com/recreation-department)



Town of  
**Westport**  
MASSACHUSETTS

*The Coastal Agricultural Resource Community of New England*



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## Recreation Department

# Recreation Registration Form

You can also find this form online at [www.westport-ma.com](http://www.westport-ma.com)

Please complete this form and mail or drop it off with the program fee to  
The Recreation Department for the Town of Westport, MA  
856 Main Road, Westport, MA, 02790, Phone: 774-264-5181

### PLEASE PRINT INFORMATION

#### Participant General Information:

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone (Mom): \_\_\_\_\_ Cell Phone (Dad): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone (Mom): \_\_\_\_\_ Work Phone (Dad): \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size of Participant: \_\_\_\_\_

Parent Name (Mom): \_\_\_\_\_ Parent Name (Dad): \_\_\_\_\_

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

#### Medical Information:

Do you have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Do you have any dietary restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Do you have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Do you have any kind of disability or special need that we should know about in order to help you succeed in a recreation program?

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please specify: \_\_\_\_\_

(You can also email or call the Recreation Director to discuss any specific needs at 774-264-5181 or [stewartd@westport-ma.gov](mailto:stewartd@westport-ma.gov).)

\*If you need to take medications during a program, please attach a separate sheet to this form and provide us with: Name of participant, list of medications that need to be taken, dosage amount, time dosage needs to be taken.

#### **This information is optional and used for demographics for applying for grants only.**

Ethnicity: \_\_\_ White \_\_\_ African American \_\_\_ Hispanic/Latino \_\_\_ Portuguese \_\_\_ Asian  
\_\_\_ Hawaiian/Pacific Islander \_\_\_ American Indian/Alaskan \_\_\_ Other (Please Specify) \_\_\_ Non-Disclosure

Annual Household Income: \_\_\_ Less than \$15,951 \_\_\_ \$15,951-\$30,000 \_\_\_ \$30,001-\$45,000 \_\_\_ \$45,001-\$60,000  
\_\_\_ \$60,001-\$75,000 \_\_\_ \$75,000+ \_\_\_ Non-Disclosure

#### **Programs Registering For (Please refer to the program information listed on our website, flyer or brochure):**

Program Name	Program Fee
<b>TOTAL</b>	<b>\$</b>

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**Please Note: Registrations will not be processed unless payment is made at the time of registration. We accept cash or check. Checks can be made out to "Town of Westport (Recreation Department)" (At this time we cannot accept credit cards, but we hope that this will change in the near future.)**

**OFFICE USE ONLY**

Total Received: \$ \_\_\_\_\_  
Paid By:      Cash              Check (Check #: \_\_\_\_\_)  
Name of Person Receiving It: \_\_\_\_\_  
Date: \_\_\_\_\_

## **WAIVER & RELEASE**

### **IMPORTANT INFORMATION**

The Recreation Department for the Town of Westport (hereafter referred to as "The Recreation Dept.") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Recreation Dept. continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians/family members of participants registering for The Recreation Dept. programs/activities must recognize that there are inherent risks of injury when choosing to participate in any recreational activity/program.

You as the participant and/or parent/guardian/family member are solely responsible for determining if the participant is physically fit and/or adequately skilled for any activity or program contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult the appropriate health care provider before engaging in any Recreation Dept. program/activity.

### **WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike or inappropriate conduct, premises defects, inadequate or defective equipment, inadequate or negligent supervision, instruction or officiating, negligent operation of a motor vehicle, and other risks inherent to participation in any program/activity. In this regard, it is impossible for The Recreation Dept. to guarantee absolute safety.

### **WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in any and all Recreation Dept. programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs/activities (including transportation services, when provided).

I recognize and acknowledge that there are certain risks of physical and emotional injury to participants in any Recreation Dept. program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in any program/activity against The Recreation Dept., including their respective officials, agents, volunteers, companions, employees.

### **PHOTO/VIDEO AUTHORIZATION**

I hereby authorize and give my consent to The Recreation Dept. to photograph/video myself or my child/ward or to obtain outside photography/video of myself or my child/ward participating in Recreation Dept. activities/events/programs, and without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of The Recreation Dept., without consideration of any kind.

## **YOU MUST SIGN AND DATE THIS FORM FOR YOUR REGISTRATION TO BE PROCESSED**

I have read and fully understand the information on this form: warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization. If registering a minor participant, I further attest that I have reviewed the information to my minor child/ward.

\_\_\_\_\_  
Printed Name of Person Signing Form

\_\_\_\_\_  
Signature of Participant (or Parent/Guardian if Under 18)

\_\_\_\_\_  
Date