



Southborough Recreation  
Building A Healthy Community



**SPECIAL TOWN MEETING**  
**MARCH 8, 2017**  
7 p.m.

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**BABYSITTING AVAILABLE**

Southborough Recreation will be offering babysitting.

Babysitters will be students from ARHS and will help with homework and play games.

*Sign up is strongly recommended so we can staff properly.*

Date:	March 8
Time:	6:00 p.m. (Town Meeting starts at 7 p.m.)
Location:	Trottier Cafe
Donation:	\$5/child \$15/max/family
Sign up deadline:	March 3

To sign up or questions, please send an email to  
**[dferguson@southboroughma.com](mailto:dferguson@southboroughma.com)**

## Southborough Recreation Babysitting Registration

Town Meeting Babysitting

Family #

### Head of Household/Guardian

Mother Name: \_\_\_\_\_

Mother Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_

Father Cell: \_\_\_\_\_

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

### Participant 1

Name \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Allergies / Medical Concerns \_\_\_\_\_

Activity Name	Start Date	Time	Session	Fee/Check No.
Town Meeting Babysitting	3/8/17	6:00pm	n/a	\$5/child donation \$15 max/family

### Participant 2

Name \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Allergies / Medical Concerns \_\_\_\_\_

Activity Name	Start Date	Time	Session	Fee/Check No.
Town Meeting Babysitting	3/8/17	6:00pm	n/a	\$5/child donation \$15 max/family

### **\*\*PARTICIPATION WAIVER– Must Be Signed Below FOR ALL PROGRAMS\*\***

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff or volunteers to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Participant or Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_