



# CITY OF NEW BEDFORD

## PARKS, RECREATION & BEACHES

JONATHAN F. MITCHELL,



# Parks, Recreation, & Beaches hosting the New England Revolution Academy



**Date:** Saturday, February 7<sup>th</sup>, 2015

**Time:** 11:30 – 12:30pm Ages 7 – 9  
12:30 – 1:30pm Ages 10 – 14

**Cost:** **FREE!!!!**

**Location:** Andrea McCoy Recreation Center (Wooden Floor Gymnasium)

**Address:** 181 Hillman Street  
New Bedford, MA  
02740

**Ages:** 7-14 years old (breakdown posted above)

If you have any questions, please reach out to the Department of Parks, Recreation, & Beaches in the city of New Bedford, MA. For direct contact, please reach out to Alex Bettencourt at [alex.bettencourt@newbedford-ma.gov](mailto:alex.bettencourt@newbedford-ma.gov).

To sign –up, please follow the process below or stop in to either the Andrea McCoy Recreation Center or the Parks, Recreation, & Beaches office on 181 Hillman Street.

Please cut on the dotted line above and mail the following section to the address at the bottom of this page with a check and/or money order. Checks are made out to: **City of New Bedford**.

Participant Name(s): \_\_\_\_\_

Participant Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ PRESENTED BY

Emergency Contact Name (s) 1. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone(s): \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Cell Phone (s): \_\_\_\_\_

Participant School Grade \_\_\_\_\_

E-mail(s): \_\_\_\_\_

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

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

**Waiver:** In consideration of this application and/or the right to participate in this activity, I or my child, release the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible from any and all liability, loss damage, costs, claims and/or causes of action, including but not limited to all bodily injury claims and property damage resulting from or arising out of the use of premises, facilities, or equipment of the City of New Bedford, and/or caused in any way by the City of New Bedford, its employees, agents, representatives, and other persons or organizations for whose conduct the City may be responsible. I and/or my child are in the necessary physical condition to participate in the registered activity. I authorize the staff to seek emergency medical care on my behalf or on behalf of child if needed. I will assume all costs associated with any such treatment. I have been informed of the program's policies, including the refund policy, if applicable. I fully understand this waiver and voluntarily accept its terms. I certify, under the penalties of law, this information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Dept of Housing and Urban Development. This information will be kept confidential and used for funding monitoring purposes only.

ADMINISTRATIVE OFFICES  
181 HILLMAN STREET, BLDG. #3  
NEW BEDFORD, MA 02740  
PHONE 508-961-3015

MAILING ADDRESS  
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Box #9, NEW BEDFORD, MA 02740  
FAX 508-991-6175