



## REGISTRATION FORM

(for most recreation programs)

NAME ( & medical info* )	DATE OF BIRTH ( & grade )	PROGRAM ( & session # )	DATE:	TIME:	FEE:
1. _____ med: _____	_____	_____	_____	_____	_____
2. _____ med: _____	_____	_____	_____	_____	_____
3. _____ med: _____	_____	_____	_____	_____	_____
4. _____ med: _____	_____	_____	_____	_____	_____

\*medical info (list allergies, medicines, conditions, etc.)

CONTACT INFORMATION:	
<b>HOME ADDRESS:</b> _____ _____ _____ <b>MOTHER'S NAME:</b> _____ Day/Cell Phone #: _____ <b>FATHER'S NAME:</b> _____ Day/Cell Phone #: _____	Home Phone #: _____ E-mail Address: _____ Mother's Employer: _____ Father's Employer: _____
<b>ALTERNATE CONTACTS:</b>	
Name/Relationship*: _____ _____ Name/Relationship*: _____ _____ Family Physician: _____	Address: _____ Day/Cell Phone #: _____ Address: _____ Day/Cell Phone #: _____ Office Phone #: _____

\*(must be able to pick up participant if necessary)

### Release:

I understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of East Hampton, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, wellbeing or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program(s).

### Parent/Guardian:

(signature)

(date)



#### PHOTOGRAPHS:

...that are taken of participants in our programs may be used in our publicity (unless a participant, parent, or guardian indicates otherwise).

#### HOW TO REGISTER:

Completed Registration Forms are accepted by mail, fax, e-mail (as an attachment), or drop off @ Parks & Rec. ofc.



#### PAYMENT:

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_