



Town of Harwich Recreation Department
Recreation & Youth Commission

100 Oak Street, Harwich, MA 02645 | 508-430-7553 | Eric J. Beebe, Director

Men's 55+ Basketball - 2024
\$25 Resident | \$40 Non-Resident
Community Center Gymnasium

(Checks made payable to the "Town of Harwich". Registration and payments may be mailed, dropped off at the office or placed in the security box near the office door)

(Please Print)

Participant: _____

Address: _____

City/ST/Zip: _____

Mailing address if different: _____

Cell phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Cell phone: _____

Special/Medical Limitations/Concerns Or N/A: _____

I have read and signed the forms listed below:

Recreational Activities and Volunteer Medical Release Form

Recreational Activities & Volunteer Consent and Release Form

CORI/SORI Form (Volunteers Only)

I (we) accept the responsibility for proper use of the facilities and their equipment and for my (their) action and conduct while visiting and using the facilities at all times.

Participant Signature/ Date: _____

Office Use Only

I, _____ (Print name) do hereby consent to my participation or my child's, in voluntary or recreation programs of the Town of Harwich.

I also agree to forever release the Town of Harwich, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the Town of Harwich ("the Releasees") from any and all 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 or property damage resulting from my participation in the Town of Harwich voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself, my child or property damage resulting from participation in the Town of Harwich voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town of Harwich as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities in the Town of Harwich or any of their recreation programs/activities.

Participant's Name (circle one)	Signature / Date
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Recreational Activities and Volunteer Medical Release Form

Participant's Name _____ / Program _____

Medical and Special Limitations or Concerns (list):

I authorize the Harwich Recreational Staff or Harwich Staff at the Community Center, as the case may be, to seek medical assistance if necessary. I understand that I, as a parent/guardian or volunteer, not the Town or the departments or the staff will be responsible for any medical expenses necessary during programming hours or its associated events, as a result of injury during the program.

Participant's Name (circle one)	Signature / Date
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