



Town of Harwich Recreation Department
Recreation & Youth Commission

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

Youth Registration

Harwich & Monomoy Choice Students only

(Make checks payable to the Town of Harwich)

Mail payment and form or drop off at the Rec Office during office hours or use the secure payment box on the wall by the Office door.

(Use one form per activity, per student)

PROGRAM / FEE _____ \$ _____

Participant: _____ Grade: _____
(Circle one)

Parent Name: _____

Mailing Address: _____

City/ST /Zip: _____

Cell phone: _____

Email: _____

Emergency Contact: _____ Relationship: _____

Cell phone: _____

Special/Medical Limitations/Concerns: _____

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 equipment and for my (their) action and conduct while visiting and using the facilities at all times.

Parent/Participant Signature/ Date: _____

Recreational Activities & Volunteer Consent and Release Form

I, _____ (Print Parent/Guardian or Volunteers 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.

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|---|------------------|
| Parent/Guardian or Participant's Name (circle one) | Signature / Date |
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Recreational Activities and Volunteer Medical Release Form

Participant's Name _____

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.

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|---|------------------|
| Parent/Guardian or Participant's Name (circle one) | Signature / Date |
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