

HARWICH RECREATION & YOUTH REGISTRATION

FEE _____ AGE _____ GRADE _____

PROGRAM _____

SESSION #(s) _____

DAY/TIME _____

CHILD'S NAME _____

ADDRESS _____

HOME PH# _____

CELL PH# _____

EMAIL _____

PRINT PARENT/GUARDIAN NAME

EMERGENCY CONTACT INFORMATION:

NAME _____

PHONE/ CELL# _____

COMMENTS & SPECIAL LIMITATIONS OR CONCERNS:
(ie: allergies, chronic health conditions, dietary restrictions)

MEDICAL RELEASE

I AUTHORIZE THE HARWICH RECREATION STAFF TO SEEK MEDICAL ASSISTANCE IF NECESSARY. I UNDERSTAND THAT I, AS A PARENT/GUARDIAN, NOT THE HARWICH RECREATION & YOUTH DEPARTMENT, WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES NECESSARY DURING PROGRAM HOURS OR AFTERWARD, AS A RESULT OF INJURY DURING PROGRAM.

PARENT/GUARDIAN'S SIGNATURE DATE

**CAN YOU COACH OR
ASSIST WITH THE PROGRAM ?**

NAME _____

PHONE # _____

**ONLY ONE CHILD
PER REGISTRATION PLEASE.**

CONSENT, RELEASE FORM

RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____, do hereby consent to my participation or my child's, in voluntary or recreation programs of the Town/City of Harwich. I also agree to forever release the Town/City 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/City 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/City 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 or property damage resulting from participation in the Town/City 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/City 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/City of Harwich or their recreation programs.

Print Name: _____

Parent or Guardian or Participant

Signature: _____

Parent or Guardian or Participant Date

Print Student's/Participant's FULL Name