

Adult Program Registration

- ADULT BASKETBALL ADULT VOLLEYBALL
 ADULT TENNIS CO-ED FIELD HOCKEY

PICKLE BALL

HMS- Monday&Friday 9-11 11-1 1-3

HMS-Tuesday&Thursday 9-11 11-1 1-3

HCC- Mon 7:30 pm & Fri 6:30 pm

HCC- Wed 10:45 am

SUMMER- Brooks Park

REGISTRATION FEE IS **EACH JULY 1ST**

THE RECREATION AND YOUTH DEPARTMENT RESERVES THE RIGHT TO CANCEL DAYS AND/OR NIGHTS THROUGHOUT THE YEAR DUE TO HOLIDAYS, SCHOOL VACATIONS AND SPECIAL EVENTS INCLUDING BUT NOT LIMITED TO TOWN EVENTS ECT...

Name _____

Cell Phone # _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Emergency Name _____

Phone # _____

MEDICAL RELEASE

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

SIGNATURE _____ **DATE** _____

Number of Programs Registered for _____

Amount Paid _____ Paid by _____

Cash or Check # _____

CONSENT, RELEASE FORM RECREATIONAL PARTICIPANT & VOLUNTEERS ACTIVITIES RELEASE FORM

I, the undersigned _____, do hereby consent to my participation in voluntary or recreation programs of the Town/City of Harwich. I also agree to forever release the Town/City 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: _____

Signature: _____

FYSCAL YEAR

PAYMENT STAMP

RESIDENTS

- 1 PROGRAM \$25/FISCAL YEAR 7/1 - 6/30
- 2 PROGRAMS \$40/FISCAL YEAR 7/1 - 6/30
- 3 PROGRAMS \$60/FISCAL YEAR 7/1 - 6/30

NON-RESIDENTS

- 1 PROGRAM \$35/FISCAL YEAR 7/1 - 6/30
- 2 PROGRAMS \$65/FISCAL YEAR 7/1 - 6/30
- 3 PROGRAMS \$95/FISCAL YEAR 7/1 - 6/30

**All Checks Payable to
"TOWN OF HARWICH"**