

Adult Program Registration

☐ Men's 55+ BASKETBALL

☐ Adult VOLLEYBALL

(Registration due January, 2023)

**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 ETC.**

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

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 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 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 their recreation programs.

Print Name: _____

Signature: _____

RESIDENTS

1 PROGRAM \$25
2 PROGRAMS \$40

NON-RESIDENTS

1 PROGRAM \$40
2 PROGRAMS \$70

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