

## PARTICIPANT REGISTRATION FORM

(To be completed for each person attending

Parent must sign if child is under 18 years of age.)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, medications, or previous conditions which we/instructor should be aware of (i.e. ADD, ADHD, Hearing impaired, visually impaired, Special Ed, Allergies i.e., Nuts, Dairy, Bee Stings, Latex, EPI PEN use, etc.

Does participant need an accommodation due to a disability to enjoy this activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, you will be contacted for more information.

Would you like the email address listed above to receive Parks & Recreation announcements? Yes \_\_\_\_\_ No \_\_\_\_\_

### ASSUMPTION OF LIABILITY

Participation in the activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Colchester, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sporting activity involves risk. I further understand that the Town of Colchester does not provide accident/medical insurance for program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided.

Signature (Parent/Guardian if participant is under age 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_