



# **TOWN OF GREENFIELD PARKS & RECREATION**

## **ACTIVITY REGISTRATION FORM**

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Program Name registering for : \_\_\_\_\_ Fee: \_\_\_\_\_ Late fee: \_\_\_\_\_ Total \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

If minor:

Primary Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Should we be unable to contact you or your spouse in the event of an emergency, please list an alternate adult we may contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**MEDICAL INFORMATION**

Family/Child's Dr. \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies: \_\_\_\_\_

Special limitations or concerns/Chronic health conditions \_\_\_\_\_

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Greenfield, its officers, employees, agents, volunteers, and supervisors from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give permission for the agents, servants, employees, and officials to the Town of Greenfield to use their sole discretion in seeking and providing treatment for the child by qualified medical personnel in the event that the above named parent/guardians listed above cannot be reached at the phone numbers provided. I understand the cancellation/refund policy of the Recreation Department as listed on the reverse side of this form. I also certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with health requirements are on file at my child's school.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian Signature if under 18)

**YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED**