



2018 Winter Activities Registration

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Check sections below:

✓	Program Name / Dates	Resident	Non Resident
	Indoor Lacrosse Program: Sun, Jan 14,21,28 and February 4,11,(1-2pm) Grades 2-5, Boys	\$15	\$15
	Moore To Golf Kids Program: Sun, January 28th 12-1pm Grades 2-6, Co-Ed	\$25	\$30
	ADULTS- Moore to Golf- Tathata Golf Meet & Greet Saturday, January 13th 10am-12pm	FREE	FREE

NAME: _____
(FIRST) (LAST)

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____

TOWR/Non-Res PHYSICAL ADDRESS: _____

PLEASE CHECK ONE: RENT OWN PROPERTY

SELECT ONE: Town of Washington Resident Millbrook CSD Resident/OTHER

TELEPHONE:(____)_____ CELL: (____)_____

FAMILY E-MAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE #: _____

PARTICIPANT'S: AGE _____ GRADE _____ DATE OF BIRTH _____
(AS OF SEPT. 2017) MM/DD/YY

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES _____

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**TOWN OF WASHINGTON RECREATION COMMISSION
RELEASE & CONSENT FORM
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LAST NAME _____
EMERGENCY NAME AND TELEPHONE # _____

RELEASE/HOLD HARMLESS

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____

PHOTO RELEASE

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: _____