2019 Fall/Winter Program Registration
(PAGE 1 of 2)

✓	Program Name / Dates	Resident	Non Resident
	7&8 Grade Pick Up Soccer	$35	$45
	Dodgeball- Mondays- September 9, 16, 23 ,30, October 7,14, 21 Grades 3-5	$35	$45
	LMC Athletics Preseason Bball Skills-September 12, 19, 26, October 3, 10, 17	$70	$95
	Indoor Soccer K Grade- Wednesdays 5.00-6.00pm- Nov 7, 14, 21 Dec 5, 12, 19	$40	$50
	Indoor Soccer 1-2 Grade- Wednesdays, 6.00-7.00pm- Nov 7, 14, 21 Dec 5, 12, 19	$40	$50
	Indoor Soccer 3-5 Grade- Mondays, 5.00-6.00pm- Nov 4, 11,18, 25, Dec 2, 9	$40	$50

NAME:_____
MAILING ADDRESS:_____
PHYSICAL ADDRESS: _____
PLEASE CHECK ONE: ___ RENT _____ OWN PROPERTY

SELECT ONE: __ Town of Washington Resident __ Other

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

FAMILY EMAIL ADDRESS: _____

EMERGENCY NAME & TELEPHONE _____

PARTICIPANT'S: AGE _____ GRADE _____ DATE OF BIRTH _____
(AS OF SEPT. 2019)

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES_____

_____

TOWN OF WASHINGTON RECREATION COMMISSION
RELEASE & CONSENT FORM

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:_____

CREDIT CARD PAYMENT AUTHORIZATION

Amount: $ _____ please charge for the following:

- Dog License
- Hunting License (Include Copy of Driver's License)
- Transfer Station
- Town/County Property Tax
- Recreation Fees $_____
- Pool Pass (Season Pass Only)
- Building Permit Application
- Marriage License
- Genealogy Search

Account #: _____ _____ _____ _____
Expiration Date: _____/_____ 3 Digit Security Code: ___ ___ ___
Billing Zip Code: _____ (Located on the back of card)
Card Holder Name: _____
(Exactly as it appears on card)

Billing Address: _____
Phone: ( )_____
Signature: _____ Date:_____

By signing this authorization form you allow the Town of Washington to charge your credit card a one-time fee for the purpose indicated above. **Credit card transactions are charged an additional fee of $1.95 up to $80.00 and 2.45% if over $80.00.**

NOTES: Please specify what department and program you are paying for: _____
_____
_____
_____
_____