

# REGISTRATION FORM

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: MALE / FEMALE Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Allergies/Other Concerns: \_\_\_\_\_

## PROGRAM INFORMATION

Program Name: \_\_\_\_\_ Session: \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

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**TOTAL COST:** \$ \_\_\_\_\_

## METHODS OF PAYMENT: CASH OR CHECK

*Please make checks payable to TOWN OF SHARON*

Please mail or bring registration form to:

Sharon Recreation Department

219 Massapoag Ave

Sharon, MA 02067

### Consent and Release Form:

I, the undersigned, as legal adult or parent/guardian of a minor, do hereby consent to my/my child's participation in voluntary recreation programs of the Town of Sharon. I also agree to forever release the Town of Sharon, and all their officers, boards, committees, employees, agents, volunteers, and contract employees from any and all liability, 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/my child or property damage resulting from my/my child's participation in the Town of Sharon's voluntary recreation programs. I affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that this is a legal document and that by signing it I am giving up substantial legal rights and giving up my right to sue or otherwise make claim against the Town of Sharon its officers, boards, committees, employees, agents, volunteers, and contract employees. I further understand that my/my child's participation in these programs is voluntary. By signing this Form, I affirm that I have decided to allow myself my child to participate in the recreation program(s) with full knowledge that the Releasees will not be liable for anyone for personal injuries and property damage I/my child may cause or sustain.

Medical Release: I hereby give permission to the Sharon Recreation Department staff to provide and administer immediate first aid and authorize a physician at a local hospital to secure proper treatment for myself or my child in the need arises.

Media Release: I agree that pictures and video taken in connection with the program or event may be used for promotional purposes.

Participants signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If participant is under 18, parent/guardian signature is required)*

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cash: \$ \_\_\_\_ Check: # \_\_\_\_ Initials: \_\_\_\_\_ Entered into Sportsman: YES / NO