

DEPARTMENT USE ONLY

NAME: _____

GR./AGE: _____

ACTIVITY: _____

**CHILD/YOUTH
PROGRAM/ACTIVITY REGISTRATION FORM**

CHILD'S NAME: _____ D.O.B.: _____

STREET & MAILING ADDRESS: _____

CITY/ZIP CODE: _____ PHONE: _____ CELL PHONE: _____

Check if you wish to receive text alerts from the Rec. Dept. (*Standard messaging rates apply*)

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S WORK PHONE: _____ FATHER'S WORK PHONE: _____

MOTHER'S WORK ADDRESS: _____

FATHER'S WORK ADDRESS: _____

In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital, and for my physician to secure prompt treatment, to permit injection, anesthesia, and/or surgery for my child as named above. I also grant permission to the coach/leader to administer Children's Tylenol to my child if I cannot be reached.

PARENT/GUARDIAN: _____ DATE: _____

Emergency Phone: _____ Person to notify in case of emergency: _____

Child's Physician Phone: _____ Hospital Preference: _____

Is your child currently on any medication? _____ If yes, what? _____

Does your child have any allergies? _____ If yes, to what? _____

AUTHORIZATION TO RELEASE: The following are **the only individuals, other than the parents, authorized to pick up my child** should I now be able to do so. **Your child will not be released to anyone not on this or the emergency list.** These individuals will be required to show identification if they are not known or recognized by the coach/leader. Names can be added to, or taken from, this list with your authorization only. **(If restraining orders are in place, please speak to the Recreation Director immediately)**

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

I hereby grant my child _____ permission to participate in the specific activity registered (for the duration of that activity) through the Ossipee Recreation Department. I also understand that the coaches/leaders for the specific sport/activity will not be held liable for any injuries my child may sustain while under their supervision.

Signature of Parent/Guardian: _____ Date: _____

Please complete the following: Sport/Activity: _____ Grade: ____ Age: ____ Shirt/Short Size: _____

Photo Policy: The Recreation Department reserves the right to photograph participants for publicity purposes. If you do not want your child's photograph used for any publicity, please speak to the Recreation Director.

**REQUIRED FORM FOR
PARTICIPATION IN TOWN SPONSORED AND SANCTIONED ACTIVITIES
OR USE OF TOWN FACILITIES AND/OR PROPERTY**

In consideration of the permission granted to the participant named: _____, I/we shall release, waive, discharge and covenant not to sue the Town of Ossipee, their agents, and employees from all liability for any and all loss of damage, and any claim of demands therefore on account of injury to the person or property resulting in death of the named participant, whether caused by the negligence of the Town of Ossipee, its agents and employees or otherwise while the named participant participates in the sport/activity/program: _____.

I/we further agree to indemnify the Town of Ossipee, their agents, and employees for any and all liability, loss or damage including but not limited to: bodily injury, illness, death, or property damage which the Town of Ossipee, their agents, and employees become legally obligated to pay including reasonable attorneys' fees and cost, as a result of claims, demands, cost, or judgments, against the Town of Ossipee. Their agents and employees on account of injury to the person or property resulting in the death of the named participant whether or not caused by the negligence of the Town of Ossipee. Their agents, or employees and whether or not such liability is sole, joint, or several.

I/we am/are aware that participation in this specific named sport/activity/program that my child is registered for may present a strain on my or my child's body, or its parts and therefore I represent to the Town of Ossipee that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate in specific sport/activity/program registered for to allow him/her to participate and that I/we assume the risk of participation.

I/we also understand that some injury may occur as a result of the type of sport/activity/program that my child is participating in. I/we are fully aware of this fact and understand that my/our child may sustain injuries during their participation period that are directly related to the sport/activity/program that they are registered for.

I/we understand that the above sport/activity/program may involve traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify, and hold harmless any persons providing such transportation.

I/we have read and fully understand all of the above-mentioned information contained in this registration form.

Parent/Guardian: _____

Date: _____