



## **ADULT REGISTRATION FORM**

Program name \_\_\_\_\_

Participant name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

### **Emergency Information**

In case of an emergency, I authorize transport &amp; treatment by qualified personnel.

Contact information (please provide a minimum of two numbers, in the order they should be called):

1. Name \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Number \_\_\_\_\_ Relation \_\_\_\_\_

Medical information (include *all* allergies, medications, and medical conditions):

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### **Photo Release**

The Barrington Recreation Department \_\_\_\_\_ HAS \_\_\_\_\_ DOES NOT HAVE my permission to use any photo of me taken during the above program in recreation displays/printed material. Please initial \_\_\_\_\_

### **Waiver/Release**

The above-named of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the participant. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury, and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event of a medical emergency, I hereby give permission to administer first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8.

My responses are complete and accurate to the best of my knowledge, and I agree to abide and be bound by this document.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date received \_\_\_\_\_ Cash / Check (# \_\_\_\_\_) Amount \_\_\_\_\_

Notes:

**\*\* OFFICE USE ONLY \*\***

Program: \_\_\_\_\_

SESSION/CLASS	DATE	AMOUNT	CK#/CASH

[illegible]

Notes: