

# Town of Henrietta Recreation Department Program Registration Form

## Primary Guardian

Name: \_\_\_\_\_ DOB (required) \_\_\_\_\_

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

## Secondary Guardian

Name: \_\_\_\_\_ DOB (required) \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Participant First & Last Name & Date of Birth	Gender (M/F)	Grade	Program Name <i>(Include day/time &amp; Class #)</i>	Shirt Size	Special Attention <i>(Medical, other special needs...)</i>	Fee

### **WAIVER FOR PARTICIPATION:**

I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for emergency medical staff, a licensed physician or hospital staff to administer emergency medical care deemed necessary for person (s) registered for the above program(s) and/or event if parental/guardian permission is unavailable. I agree to hold the Town of Henrietta, its employees and officials harmless for any accident, and injury or other cause of action occurring while myself and/or my child participates in a Recreation program and/or event.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_