

BRATTLEBORO RECREATION & PARKS DEPARTMENT YOUTH SPORT/PROGRAM REGISTRATION

PROGRAM: _____

Participant: _____

Male: _____ Female: _____

Address: _____

Grade: _____ Age: _____

Guardian's Name: _____

Date of Birth: _____

E-mail Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

(We will never, sell, rent, or otherwise provide your e-mail address to any other party.)

Name of Emergency Contact (other than parent): _____

Emergency Phone #: _____

(in case of an accident)

Participant's Insurance Co: _____

Policy #: _____

Physician's Name: _____ Phone #: _____

MEDICAL INFORMATION

*Any Allergies? _____ *Allergic to drugs? _____

*Does participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____

*Is participant on medication? _____ If so, what? _____

*Is there any additional information we should know? _____

Tee Shirt Size (When program includes tee shirt with registration fee)

Youth 6-8 _____ 10-12 _____ 14-16 _____ Adult Sm _____ Med _____ Lrg _____

I hereby give my permission for (child's name) _____ to participate in (name of program) _____.

Further, I authorize the Brattleboro Recreation & Parks Department to provide emergency treatment of any injury or illness my child may experience, if qualified medical personnel consider treatment necessary, and perform the treatment. This authorization is granted only if I cannot be reached, and a reasonable effort has been made to do so, or a life threatening situation.

My child and I are aware that participating in (name of program) _____ can be potentially hazardous. I assume all risks associated with participation in this program including, but not limited to, falls, contact with other participants, the effects of the weather, traffic, and other reasonable conditions associated with the program. All such risks to my child are known and appreciated by me. I understand this consent form and agree to its conditions on behalf of my child.

Guardian's Signature: _____ Date: _____

Would you be willing to ASSIST or VOLUNTEER COACH? YES or NO

Comments? _____

I hereby decline the rights to publish, reproduce, my child's/families photo, video images, audio recording, or any likeness of myself and/or my family members by the Brattleboro Recreation and Parks Department.
(Sign only if you decline) Sign: _____ Date: _____