



YOUTH REGISTRATION FORM

Program Name: _____

Participant name: _____ Address: _____

DOB: _____ Gender: M F Current Grade: _____

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL

Photo Release: I DO _____ DO NOT _____ give my permission for any photos taken of my child during this program to be used in recreation displays, printed material, or other advertisement. Parent initial _____

Parent/Guardian Information

Parent/Guardian 1: _____ Email: _____

Mailing Address: _____ Town: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____ Email: _____

Mailing Address: _____ Town: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical and Emergency Contact Information

1. Name: _____ Phone # _____ Relation: _____

2. Name: _____ Phone # _____ Relation _____

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

Parent/Guardian Involvement

We need your help to make our programs successful. No coaching experience is required to volunteer.

Coach

Assistant Coach

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.

Parent/Guardian Signature: _____ Date: _____