

EAST LONGMEADOW RECREATION DEPARTMENT - ACTIVITY REGISTRATION FORM

DECEMBER 2015 EDITION

| | | | | | |
|---|--|------------------------------------|--|--|--|
| RETURNER IN GRAY | | Resident: <input type="checkbox"/> | Non-Resident: <input type="checkbox"/> | There is an additional \$15 registration fee per activity for Non-Residents. | |
| Primary Household Contact/Parent/Guardian | | | Secondary Household Contact/Parent/Guardian | | |
| Last Name: | | First Name: | | Last Name: | |
| Address: | | DOB (REQUIRED): | | Address: | |
| Town: | | Zip: | | Town: | |
| Email (Required): | | | Email (Required): | | |
| Home Phone: () | | Work Phone: () | | Home Phone: () | |
| Cell Phone: () | | | Cell Phone: () | | |
| Cell Provider: | | NEW- Receive text updates? Y N | | Cell Provider: | |
| <i>Emergency Contact Name (out of household):</i> | | | <i>Emergency Contact Name (out of household):</i> | | |
| <i>Emergency Contact Phone: ()</i> | | | <i>Emergency Contact Phone: ()</i> | | |

** Medical information listed on the reverse side **

| Last Name of Participant | First Name | DOB | Gender | Grade | Activity Name | League/Session | Uniform (PV ONLY) | Fee |
|--------------------------|------------|-----|--------|-------|---------------|----------------|-------------------|-----|
| | | | | | | | PV ONLY | |
| | | | | | | | PV ONLY | |
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| | | | | | | | PV ONLY | |
| ELRD CREDIT | | | | | | | - | |
| Total: | | | | | | | \$ | |

I agree that ALL information on this form is correct, to the Release from Liability and Indemnification clause, to abide by the Sport Code of Conduct, and understand all Recreation Department policies and procedures.

Signature _____ Date: _____

Print Name: _____

Relationship to Participant: _____

Cash Check Check # _____

Credit Card CC # _____ exp _____

*Visa , Mastercard, Discover Only (circle one) cvc _____

Do you wish to be contacted about coaching a team? YES NO

Coach's Name: _____ Cell: _____

Email: _____

Release From Liability and Indemnification:

I agree to waive and release the Recreation Department and the Town of East Longmeadow, its officers, agents and employees from and against any and all claims, cost liabilities, expenses, or judgements, including attorney's fees and court costs arising of my or my child's participation in the Town's recreation program or any illness/injury resulting therefrom, and hereby agree to indemnify and hold harmless the Town of East Longmeadow from and against any and all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of East Longmeadow, its employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child) is injured, this waiver will be used against me and any one else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which could in any way affect my (or my child) ability to participate in this activity. I have read and understand this waiver. This form shall be considered valid until canceled or changed in writing by the undersigned and received by the Town. My signature acknowledges that I understand and agree to the above conditions.

Days of the Week Conflicts & Notes:

** The ELRD & Sport Associations create teams based on skill for competitiveness.*

** Teammate/Coach/Carpooling requests will be noted but are not guaranteed.*