

HOLYOKE PARKS AND RECREATION REGISTRATION FORM

PROGRAM:

CHILD'S NAME _____
ADDRESS _____ CITY/STATE/ZIP: _____
DATE OF BIRTH: _____
PHONE: _____ CELL: _____
EMAIL: _____
NAMES OF PARENTS/GUARDIANS: _____
ADDRESS: _____

MEDICAL INFORMATION

EMERGENCY CONTACT PERSON: _____
PHONE: _____ CELL: _____

IF YOUR CHILD HAS SPECIFIC MEDICAL ISSUES, PLEASE PROVIDE A DESCRIPTION OF THE ISSUE ON A SEPARATE DOCUMENT. THE CITY RESERVES THE RIGHT TO REQUEST A REPORT FROM YOUR DOCTOR. SHOULD A REPORT BE NECESSARY, YOU WILL BE REQUESTED TO PROVIDE A RELEASE OF MEDICAL INFORMATION.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

BY MY SIGNATURE BELOW, I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE BY A DULY LICENSED PHYSICIAN OR DENTIST.
IT IS UNDERSTOOD THAT I WILL BE CONTACTED AS SOON AS POSSIBLE AFTER AN INCIDENT.

PHOTO AND VIDEO RELEASE

BY MY SIGNATURE BELOW, I GRANT PERMISSION TO THE HOLYOKE PARKS AND RECREATION DEPARTMENT TO USE PHOTOGRAPHS AND VIDEO TAKEN OF MY CHILD PARTICIPATING IN THIS PROGRAM FOR PRESS RELEASES, ADVERTISING, OR ANY OTHER MEDIA OUTLET.

LIABILITY WAIVER

BY MY SIGNATURE BELOW, I AGREE THAT I AND MY CHILD WILL ABIDE BY THE RULES OF THE PROGRAM. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH YOUTH SPORTS, I HEREBY RELEASE, DISCHARGE, OR OTHERWISE INDEMNIFY THE CITY OF HOLYOKE AND THE SPORTS LEAGUE OR THEIR AGENTS AND ASSIGNS AGAINST ANY CLAIM ON BEHALF OF MY CHILD AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND/OR BEING TRANSPORTED TO OR FROM THE ACTIVITIES, WHICH TRANSPORTATION I AUTHORIZE, AND/OR BEING RELEASED AT THE END OF THE DAY ON HIS OR HER OWN.

BY MY INITIALS AT THE END OF THIS PARAGRAPH, I AGREE THAT MY CHILD CAN BE RELEASED, ON HIS OR HER OWN, AT THE END OF THE DAY, OR AT THE END OF THE ACTIVITIES. _____

SIGNATURE OF PARENT OR GUARDIAN