

Recreation Registration Forms for Youths

Activity _____ Session _____

Child's Last Name _____ First Name _____ Gender: M F

Street Address _____ City or Town _____ Zip Code _____

Phone Number _____ Cell Phone Number _____ E-Mail Address _____

 / /
Date Of Birth _____ School Attending _____ Grade _____

Payment Required: Yes or NO

Program Fee: _____ Check# _____ **CASH NOT ACCEPTED**

(Please make checks payable to "Somerville Recreation")

In case of Emergency, please contact the name and phone number of the person listed below:

Primary Contact Name _____ Employer _____ Work Telephone _____

Home Phone _____ Pager/Cell Phone _____ E-Mail Address _____

Authorization to participate in The City of Somerville Recreation Commission Programs, Medical Consent, and Disclosure of Medical Information:

As parent/guardian, I authorize _____ (child) to participate in the City of Somerville Recreation Commission (SRC) and SRC sponsored events. I understand that this even is non-essential, voluntary and not mandatory.

By signing in the space provided below, I understand that there are inherent risks in the activities of the SRC and I agree to release and hold harmless the City of Somerville from liability and loss occurring in connection with my child's participation in SRC and SRC sponsored events. I hereby agree to waive future claims against the City of Somerville, SRC and its employees, agents and assigns.

In the event that my child/ward becomes seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice and general of specific supervision of an attending hospital/physician. The emergency procedures/treatments may include, but are not limited to anesthesia, x-rays, medical or surgical diagnosis, etc. However, I understand that the staff of SRC will make every reasonable effort to immediately contact me, in the first instance, when such illness or injury occurs.

As described below, my child/ward has the following medical conditions and is taking the following medications. I understand that I am obligated to update this information.

Circle all that apply and describe in detail. (Use separate page if necessary). Asthma, Heart, Lungs, Epilepsy, Muscular/Bone Injuries, recent exposure to Chicken Pox or other contagious illnesses/diseases, other (explain): _____

My Child/Ward is taking the following medication (s): _____

I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alterations to this form, it shall be rendered void and incomplete and my child/ward shall not be allowed to participate in this program.

Further, I agree to allow my child to be photographed for publicity purposes. I will not hold the City of Somerville SRC, and its employees, agents and assigns responsible in case of accident or injury as a result of such participation.

Signature of Parent/Guardian _____

Date _____

Recreation Registration Forms for Adults

Activity _____ Session _____

Last Name	First Name	Gender	M	F
-----------	------------	--------	---	---

Street Address	City or Town	Zip Code
----------------	--------------	----------

Phone Number	Cell Phone Number	E-Mail Address
--------------	-------------------	----------------

Payment Required: Yes or No

Program Fee: Check# _____ **CASH IS NOT ACCEPTED**
(payable to Somerville Recreation Department)

In case of Emergency, please see below the name and phone number of Primary contact

Primary Contact Name	Home Phone	Pager/Cell
----------------------	------------	------------

Authorization to Participate in the City of Somerville Recreation
Commission Programs, Medical Consent, and Disclosure of Medical Information:

I _____ am willing to participate in the City of Somerville Recreation Commission (SRC) and SRC sponsored events. I understand that this event is non-essential, voluntary and not mandatory. By signing in the space provided below, I understand that there are inherent risks in the activities of the SRC and I agree to release and hold harmless the city of Somerville from liability and loss occurring in connection with my participation in SRC and SRC sponsored events. I hereby agree to waive future claims against the City of Somerville, SRC and its employees, agents and assigns. In the event I become seriously ill or injured, I consent to the administration of emergency procedures/treatment upon advice and general or specific supervision of an attending hospital physician.

I understand the contents of this authorization, medical consent and liability release and am aware that if I make any alteration to this form, it shall be rendered void and incomplete and I shall not be allowed to participate in this program. I will not hold the city of Somerville, SRC and its employees, agents, and assigns responsible in case of accident or injury as a result of such participation.

Signature of Participant

Date