



## MINOR PROGRAM REGISTRATION AND RELEASE FORM

Program Name \_\_\_\_\_ Program Start Date \_\_\_\_\_

Fee \_\_\_\_\_ Paid with (please circle one) CASH CHECK CREDIT CARD ONLINE

\*Minor's Name \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Age \_\_\_\_\_ \*Grade \_\_\_\_\_ M / F

\*Parent/Guardian Name \_\_\_\_\_ \*DOB \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*Town \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

\*E-mail \_\_\_\_\_

\*Primary Emergency Contact \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Secondary Emergency Contact (not in household) \_\_\_\_\_ \*Phone \_\_\_\_\_

Existing Medical Conditions, Allergies and/or Current Daily Medications? \_\_\_\_\_

\_\_\_\_\_  
*In compliance with the National HIPPA Law, this information will be kept confidential and will be used in emergency situations only.*

\_\_\_\_\_ **Initial for consent to the use of my or my child's photo, video, artwork on the department website or other promotional materials.**

I (Parent/Guardian) \_\_\_\_\_ give my child permission to participate in the Town of Windham Parks & Recreation Department program and agree to all responsibilities in case of an emergency.

I understand there are risks of physical injury in participating in recreational activities or programs. I hereby release the town/city of Windham, its employees, officials and agents from any and all liability or loss or damage to personal property that my child or I may experience in connection with activities sponsored by Windham Parks and Recreation. I hereby consent to emergency medical procedures deemed advisable for my child in the event I cannot be reached and my child has sustained an injury. The Windham Parks & Recreation Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.

The Windham Parks & Recreation Department reserves the right to refuse services to the child if the administration deems necessary for the safety of my child and other program participants, or staff.

I have carefully read the release language and completely understand its content. I sign this document for myself as an individual and as Parent or Guardian of this child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_