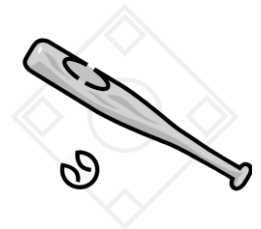




# Woburn Recreation Department

## Program Registration Form

\*A separate form is required for each participant\*



Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_ Day: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Day: \_\_\_\_\_ Fee: \_\_\_\_\_

Program Name: \_\_\_\_\_ Day: \_\_\_\_\_ Fee: \_\_\_\_\_

If interested in volunteer coaching please write your name here: \_\_\_\_\_

Please include your email address if you would like to receive Program updates and information from the Woburn Recreation Department!

Please Print: \_\_\_\_\_ @ \_\_\_\_\_

Occasionally the Recreation Department will be taking photographs of various Recreation programs so that we can display the pictures of our programs on our website, Facebook page, in the Recreation Office, or send to the newspaper. If you do not want your child's photograph taken or displayed please initial here: \_\_\_\_\_

I/We, the undersigned father, mother or guardian(circle) of \_\_\_\_\_ (name of student), a minor, do hereby consent to my child's participation in Voluntary Recreation Programs of the City of Woburn(hereinafter "the City"). I/We also agree to forever RELEASE the City, a municipal corporation of the Commonwealth of Massachusetts, and all its employees, officers, agents, board members, volunteer and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City(the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the City's Recreation Programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority. I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or maybe asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participating in the City's voluntary Recreation Programs or administration of first aid. I/We further affirm that I/we have read this Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participating in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the City voluntary Recreation Programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary City Recreation Programs.

Signature (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

(Please turn form over to fill out medical information)

I would like to donate to be a "Friend of Woburn Recreation". I have added \$ \_\_\_\_\_ onto my registration amount to help sponsor programs run by the Woburn Recreation Department. I understand that this is strictly voluntary and is not a requirement for registration of any programs.

See pg.3 for more info

For Office use only:

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

**Medical or Special Concerns that we would need to be aware of for your child (i.e allergies, past injuries, etc.)**

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**Health Insurance Provider** \_\_\_\_\_

**Child's Primary Physician:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

**Any medications taken on a regular basis (i.e. insulin, etc.):** \_\_\_\_\_

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**This information is only needed in case there is a medical emergency where we would need to administer care for your child if a parent or guardian were not available at that present time**