

Recreation Program Registration

Program: _____ Day/Time: _____

Please Print Neatly

Sections to be completed:

Athletics: 1, 2, 4 & 5

Art: 1, 2, 3 & 5

Programs: 1, 2, 3 & 5

PARTICIPATION INFORMATION

Participant's Name: (Last) _____ (First) _____

Sex: Male Female Age: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Grade: _____ Email Address: _____

Medical History: _____

CONTACT INFORMATION (Complete for participants under 18 years old)

Primary Contact: _____ Secondary Contact: _____

Relationship: _____ Relationship: _____

Day Phone: _____ Day Phone: _____

Other Phone: _____ Other Phone: _____

AUTHORIZATION TO REMOVE (A Photo ID must be presented to remove participants under 18)



-Continued on Other Side-



SPORT INFORMATION

Shirt Size (if applicable): **YS YM YL AS AM AL AXL** (please circle your choice)

I would like to be a volunteer coach: Y or N Name: _____

Practice Day and Time: _____

REFERRED BY

How did you hear about this program? School Flyer Mailed Info TV
Water Bill Newspaper Friend
Other _____

RELEASE

In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the City of Longwood to secure proper care. It is understood that I, as a parent/legal guardian will accept financial responsibility for payment of any emergency transport, care, physical and any hospital expenses that might be required. I agree to indemnify, hold harmless and defend the City of Longwood, its Recreation Department, its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses, or death sustained by me or my children and arising out of, connecting with, or any way associated with the activities of this program. The City of Longwood does not grant full or partial refunds for any programs for any reason. Further, I give permission for the City to use, without limitation or obligation, photographs, film footage or tape recording which may include my/my child's image or voice for the purposes of promoting or interpreting the City of Longwood Recreation programs.

Parent's/Guardian's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Resident Non-Resident Cash: \$ _____ Check Amount: \$ _____ Check #: _____

DL#: _____ Receipt #: _____

Date: _____ Staff: _____