

Summer 2009 Registration Form

Participant's Name: _____

Address: _____

Best phone number to contact you: _____

Participant's Date of Birth: _____ Age: _____

Grade (Child must have completed Kindergarten in 08-09 school year): _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Emergency Contact: _____ Phone: _____

Allergies/Medical Concerns: _____

Do you have medical insurance? (Please circle one) Yes No

Would you like to be added to our email list and receive notification of recreation events and programs via the internet? Yes No

If yes, please provide your email address: _____

Please check off one or more of the following:

Summer Recreation Program: Full Program _____ 1st Session _____ 2nd Session _____
Multi-Sports Clinics: Ages 7-14 _____ Ages 5-7 _____ Ages 3-5 _____
Tennis Clinics: Ages 8-10 _____ Ages 5-7 _____
Let's Go Clamming: Session 1 _____ Session 2 _____
Basketball Programs: Girls 3v3 _____ Boys 3v3 _____ Clinics _____
Introduction to Golf _____
Swimming Lessons _____ Swim Team _____

I, the undersigned, understand that there is an inherent risk in recreational programs and that the range of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment. I further understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.

Parent/Guardian Signature

Date