

Sport/Program/Event: _____

Registration Form

Please complete the entire form and bring it to Registration.

Thank you!

Participant's Name: _____

Address: _____

Best phone number to contact you: _____

Participant's D.O.B: _____ **Age:** _____ **and Grade:** _____

T-shirt Size: Youth M L XL Adult S M L XL XXL

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: _____

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.

I also understand that there will be no "playing up" (participants will be placed on the team which represents their current grade level) without the written consent of the Recreation Department.

Parent/Guardian Signature

Date