

# REVERE RECREATION DEPARTMENT

Registration for: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Payment Type: \_\_\_\_\_ City Sponsorship

Receipt # \_\_\_\_\_

\_\_\_\_\_ Check #

Shirt Size(if needed): Youth - S M L

\_\_\_\_\_ Cash

Adult - S M L XL

## Participant Information

|                                       |           |                |                |
|---------------------------------------|-----------|----------------|----------------|
| First Name                            | Last Name | M Age          | D.O.B          |
| Street Address                        |           | City           | State      Zip |
| Allergies / Special Diets             |           | School / Grade |                |
| Chronic Health Conditions/Limitations |           | Medications    |                |

## 1st Parent / Guardian Information

|                       |               |
|-----------------------|---------------|
| First Name            | Last Name     |
| Home Telephone Number |               |
| Cell Telephone Number |               |
| Work Telephone Number | Email Address |

## 2nd Parent / Guardian Information

|                       |               |
|-----------------------|---------------|
| First Name            | Last Name     |
| Home Telephone Number |               |
| Cell Telephone Number |               |
| Work Telephone Number | Email Address |

## Emergency Contact (Provide the name of someone NOT listed above - parents/guardians listed above will always be contacted first)

|      |              |                  |
|------|--------------|------------------|
| Name | Relationship | Telephone Number |
|------|--------------|------------------|

## Family / Child Doctor

|                                  |              |                  |
|----------------------------------|--------------|------------------|
| Name                             | Address      | Telephone Number |
| Name of Primary Health Insurance | Group Number | Agreement Number |

## Release of Claims

I, \_\_\_\_\_ the undersigned FATHER/MOTHER/GUARDIAN of \_\_\_\_\_, a minor, do hereby consent to his/her participation in this voluntary program and do forever RELEASE, acquit, discharge, and covenant to hold harmless the CITY OF REVERE, the CITY OF REVERE RECREATION DEPARTMENT, REVERE CARES, and the officers, employees, heirs, and assigns of the CITY OF REVERE, the CITY OF REVERE RECREATION DEPARTMENT, and REVERE CARES, from any and all actions, causes of action, or claims arising out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the PARENT/GUARDIAN of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting from his/her participation in the CITY OF REVERE, CITY OF REVERE RECREATION DEPARTMENT, REVERE CARES, programs including the above listed programs and/or events.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date