

REVERE RECREATION DEPARTMENT

ADULT(18+) Registration for: _____ Payment Amount: _____
 Payment Type: _____ City Sponsorship Receipt # _____
 _____ Check # Shirt Size(if needed): Adult - S M L XL
 _____ Cash

Participant Information

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

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

Name	Relationship	Telephone Number
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Doctor

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

Release of Claims

I, _____, do hereby consent to participate 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, employess, 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 and also all claims or right of action for damages which I have 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.

Signature Date