

Sport/Program/Event: _____

Registration Form

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): _____

Allergies/Medical Concerns: _____

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

Would you like to be added to our email list to receive notice of events & programs?

Yes No Already on list!

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.

Media Release: Pictures/video taken in connection with this program/event may be used for promotional purposes for the Town of Eastham.

(Please circle one) I Agree I Disagree

Parent/Guardian Signature

Date