

**Sport/Program/Event:** \_\_\_\_\_

**Eastham Recreation Department**  
**Registration Form**

Participant's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_

Email Address: \_\_\_\_\_

Participant's D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Allergies/Medical Concerns: \_\_\_\_\_

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

Best way to get in contact with you (circle any of the following)

                    Call                      Email                      Text

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 also understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.

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

\_\_\_\_\_  
**Print Parent/Guardian Name**

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

\_\_\_\_\_  
**Date**

\*\*\*\*\*

**TO BE COMPLETED BY RECREATION DEPARTMENT:**

\_\_\_\_\_ **CASH PAYMENT**  
\_\_\_\_\_ **CHECK PAYMENT- CHECK # \_\_\_\_\_**