

Saugus Youth & Recreation Summer Program Registration

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u>	<u>Grade Entering / School</u>	<u>Program Title</u>	<u>Weeks Attending</u>	<u>Program Fee</u>

Parent/Guardian _____ Address _____ Town _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail _____ Pediatrician _____ Phone _____

Health Insurance Company _____ Policy Number _____

Child's medications, **allergies**, disabilities, etc. _____

Emergency Contact 1 Name _____ Home Phone _____ Cell Phone _____

Emergency Contact 2 Name _____ Home Phone _____ Cell Phone _____

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in the above described activity. As a parent guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate. I hereby agree to release, discharge and hold harmless the Town of Saugus, it's employees, contracted instructors and volunteers from any liabilities which may occur from participating in this activity. I understand that participation in any recreational sport activity involves risk. I further understand that the Town of Saugus does not provide accident/medical insurance for program participants. In addition, I give permission for my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I also grant to Saugus Youth & Recreation, its representatives and employees the right to take photographs of myself and/or my child(ren) in connection with this program. I authorize Saugus Youth & Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Saugus Youth & Recreation may use such photographs of me with or without my name and for any lawful purpose. All adult participants must sign below. In addition, the signature of a parent/guardian is required for registrants under 18.

Signature (Parent/Guardian if participant is under 18)

Date

Mail or drop off to:
Saugus Youth & Recreation
 400 Central Street, Saugus MA, 01906
 Telephone: 781-231-4022 Fax: 781-231-4100
 youthrec@saugus-ma.gov
Please make checks payable to:
Town of Saugus
Pay online: bit.ly/youthreccpayments

For Office Use Only:
Total _____
Method of payment _____
Date received _____