



## MINOR PROGRAM REGISTRATION AND RELEASE FORM

Program Name \_\_\_\_\_ Program Start Date \_\_\_\_\_

\*Minor's Name \_\_\_\_\_ \*DOB \_\_\_\_\_ \*Age \_\_\_\_\_ \*Grade \_\_\_\_\_ M / F / NB

\*Parent/Guardian Name \_\_\_\_\_ \*DOB \_\_\_\_\_

\*Mailing Address \_\_\_\_\_ \*Town \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_ Text Message Opt-In ☐

\*E-mail \_\_\_\_\_

\*Primary Emergency Contact \_\_\_\_\_ \*Phone \_\_\_\_\_

\*Secondary Emergency Contact (not in household) \_\_\_\_\_ \*Phone \_\_\_\_\_

Existing Medical Conditions, Allergies and/or Current Daily Medications \_\_\_\_\_

\_\_\_\_\_

*In compliance with the National HIPPA Law, this information will be kept confidential and will be used in emergency situations only.*

*I (Parent/Guardian) \_\_\_\_\_ understand there are risks of physical injury in participating in Windham Parks & Recreation programs and/or visiting recreational facilities. I hereby release the Town of Windham, its employees, officials, and agents from any and all liability or loss or damage to personal property that my child or I may experience in connection with programs sponsored by, or facilities managed by Windham Parks & Recreation.*

*I hereby consent to emergency medical procedures deemed appropriate or necessary on my and my child's behalf. I further authorize medical personnel to administer any required emergency medical treatment in the event that a guardian/family member cannot be reached by the telephone numbers provided on this form. The Windham Parks & Recreation Department does not provide accident or hospitalization insurance and all participants and/or facility users are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program or visiting facilities.*

*I consent to the use of my photo, video, artwork on the department website or in other promotional materials. The Windham Parks & Recreation Department reserves the right to refuse services to participants if the administration deems necessary for the safety of the participant, other program participants, or staff.*

*I have carefully read the release language and completely understand its content and I agree to all responsibilities in case of an emergency. I sign this document for myself as an individual and as Parent or Guardian of this child.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

