

Please print using black or blue ink.
 Parent or legal guardian must complete this form

2022 PROGRAM REGISTRATION FORM

Adult First Name	MI	Last Name	Address
Primary Phone (Required)	Alternate Phone		Email
Emergency Contact Name & Phone(s)			

Participant Name (First)	(Last)	Date of Birth	Sex	Grade/Teacher Spring 2022 or Fall 2022 Based On Program Session Start Date	Program Name	Fee

SPECIAL CONCERNS: List any special needs or health related concerns of participant	Subtotal	
	Total	

T-SHIRT SIZE: (for applicable programs) YS YM YL AS AM AL AXL

PICK-UP CONTACT INFORMATION: Please list all authorized adults who may pick up a child from a program

WAIVER OF PARTICIPANT BY PARENT OR SELF:
 I hereby agree to release, discharge and hold harmless the Town of Essex, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Essex to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Essex does not provide insurance for recreational program participants. I further agree to abide by all rules, regulations, and codes of conduct for all programs I am participating in. **Photo Release: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Essex to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.**

Payment Type: Cash Check

Check # _____

X Signature

Date

