

Winslow Parks and Recreation Registration Form

I am registering for _____ (please fill out activity you would like to register for)

Child's Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ state _____ Zip _____

Date of Birth ___/___/___ Current Grade_ ___ Shirt Size _____

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Email: _____

Work Phone _____

Parent/Guardian Name _____ Home Phone _____

Cell Phone _____ Email: _____

Work Phone _____

Emergency Contact (other than parent) _____

Phone _____

Any Known Allergies _____

Photo Release

I hereby irrevocably consent to and authorize the use and reproduction by Summer Fun Camp, of any and all photographs which may be taken by or for Summer Fun Camp during the Recreation and/or Participation in all activities in which my child is participating related thereto, for advertisement or promotional purposes, without further compensation to me. All negatives, positives, and digital copies with the prints shall constitute property of Summer Fun Company solely and completely.

_____ (Parents Initials)

Informed Consent

I, the undersigned participant/parent/guardian, agree and understand that:

1. Participation in this sport/activity is hazardous and may result in injury; and participation may be injurious to myself or others.
2. I also certify that I and/or my child are physically capable of participating in this activity/program.
3. Further, I agree that in consideration for permission to participate in the Town of Winslow's sponsored program, I assume all risks of injury incurred or suffered while on town of Winslow Parks & Recreation premises while participating in programs.
4. Release: In consideration of your accepting this application in the Town of Winslow Parks and Recreation Programs, I hereby for myself, my heirs, executors, and administrators, waive and release all rights and claims for damages I may have against the Town of Winslow Parks and Recreation Department, their agents, representative, and assigns for any and all injuries suffered by me or my child in this program.

5. As a matter of caution, the Town of Winslow Parks and Recreation Department strongly recommends you have accident and health insurance in force when taking part in a Town of Winslow Parks and Recreation Department Program.
6. In the event the above listed participant requires emergency medical treatment, I hereby give permission for treatment to be given by qualified medical personnel and also give permission to have participant transported to and treated at a qualified medical treatment facility.
7. The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Winslow Parks and Recreation Department (WPR) has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, WPR cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending any program may increase your child(ren)s' risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Winslow Rec programs, activities, or events, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 from participation in Winslow programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Winslow employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)s' attendance at Winslow programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless WPR, Town of Winslow, and their officials, employees, agents, and representatives, from and against any and all liability, claims, demands, actions, causes of action, damages, and expenses arising or in any way related to my child(ren)s' attendance at Winslow programs. I understand and agree that this release and covenant not to sue includes, but is not limited to, any claims related to COVID-19 based on the actions, omissions, or negligence of WPR, Town of Winslow, or their officials, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any WPR program.

8. I have read the above informed consent, understand them, and agree to abide by them.

 (Signature of participant/or parent/guardian if under 18)

 Date (Month) (Day) (Year)

To Be filled out by Dept.

Registration Payment Paid – Date _____ Cash _____ Check # _____
 Scholarship Given _____ Town Resident _____ Non Resident _____