

After School Registration Form 20_____

Child's Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ School Year: _____ Grade: _____

Parent/Guardian #1 Name: _____ Relation: _____

Cell #: _____ Home #: _____ Work #: _____

Email Address: _____

Parent/Guardian #2 Name: _____ Relation: _____

Cell #: _____ Home #: _____ Work #: _____

Parent/Guardian #3 Name: _____ Relation: _____

Cell #: _____ Home #: _____ Work #: _____

Sibling(s) Participating: _____ Age: _____

MEDICAL INFORMATION

Does the participant have any medical conditions: Yes No If "yes," please indicate the type of condition (s):

Diabetes Asthma Allergies Other (please list) _____

List any medical conditions for which the participant requires medical treatment and explain what type of treatment is necessary: _____

Please state any other conditions or special needs the staff should be aware of: _____

Can the participant swim without the assistance of a flotation device? Yes No If "no," the participant will be provided with a lifejacket which they must wear whenever they are in the pool area.

Liability Waiver

In consideration of your accepting my or my child's participation in the Program, I do hereby for myself, my child, my heirs, executors and administrators waive, release and discharge Plymouth Township, its officials and employees, successors and assigns, from any and all rights and claims for damages I or my child may have against Plymouth Township, its officials and employees, successors and assigns, for any and all injuries suffered by myself or my child in our participation in the Program. I agree to hold harmless and defend Plymouth Township, its officials, employees, successors and assigns, from any and all personal injuries and property damages sustained by others by reason of our participation in the Program. I understand that no health and/or accident insurance is provided by Plymouth Township. I accept full responsibility for obtaining the same or for the payment of all expenses in the absence of such insurance. I agree that Plymouth Township shall have the right to enforce activity rules and terminate participation for failure to comply. Likewise, I grant the right to use my/our name, image and photograph, including composite or modification representations in publications, brochures, newsletter, reports, website and any and all other materials relating to Greater Plymouth Community Center and all other Plymouth Township Parks and Recreational Facilities. I waive the right to inspect or approve versions of my/our image used for publication or the written copy that may be used in connection with the image. I fully release, indemnify and hold harmless Plymouth Township for any liability for actions taken on our behalf as well as for use if name or image as set forth herein.

Signature _____

Date _____