

Program Registration Form

Pines Community Center



Participant Name _____ D.O.B. _____ Gender _____

Name of Program _____

Mailing Address _____

Street Address (if different from mailing) _____

Town _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail _____

How did you hear about this program? _____

Emergency Contact _____ Relation _____ Phone # _____

Medical Release Agreement

In the event of an emergency, I hereby give permission to the employees of the Tilton-Northfield Recreation Council to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, and administer anesthesia, and order injections or surgery for the safety of the participant.

Participant Statement of Agreement

Participation in this sport/activity may involve risk of injury. As a participant, I am aware of these hazards and my ability to participate. In consideration of the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council, it's officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity.

All Pines classes/events may be photographed. Participants may be photographed for the P.C.C. programs and promotions. I acknowledge that a \$15 fee will be charged for any returned check.

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Medical Release Agreement and the Participant & Parental Statement of Agreement.

Signature _____ **Date** _____

