

Youth Program Registration

Pines Community Center



Name of Program

Child's Name:	D.O.B:
Current Grade:	T-Shirt Size:
Gender:	

Parent and/or Guardian Information:

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:

Emergency Contact Person:

Alternative Pick-Up Person:

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone Number:	Phone Number:

Youth Program Registration

Pines Community Center



Pines Policies and Agreements

Parent/Guardian Statement of Agreement

I hereby give permission for my child to participate in all activities of the program listed above, and I assume all risks and hazards incidental to such participation. And I do 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 (T.N.R.C.), its officers, employees, agents, and volunteers, 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 above activity.

Medical Release Agreement

In the event of an emergency, when none of the parents, guardians, or emergency contacts listed above can be reached, I hereby give permission to the employees of the T.N.R.C. / P.C.C. to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant.

Photo Release Agreement

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity purposes in various media including, but not limited to, newspapers, magazines, television and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used.

Payment/Refund Clause

By signing this form I fully understand that only full payment of the program fee by the date specified guarantees my child's participation in this program. I understand that many of your programs fill quickly, and often have a waiting list. I acknowledge that a refund will only be given in the event of program cancellation. I acknowledge that a \$20.00 fee will be charged for a returned check.

Medical information:

Any chronic conditions, allergies, or medications that could be important in case of sudden illness or injury:

Child's Current Physician:

Phone Number:

Parent/Guardian Signature: _____ **Date:** _____

For Office Personnel only:

Name: _____

Date: _____

Cash Payment: _____

Check Payment: _____

Receipt #: _____

Check #: _____