

PROGRAM REGISTRATION FORM

YES my information has changed. Please circle changes.

Program Name:		School District:		Wilton Resident? YES ___ NO ___	
Participant Name:				Gender: Female <input type="radio"/> Male <input type="radio"/>	
Address:				ADULT (18+) YES ___ NO ___	
City: ZIP:				Child's DOB: _____	
Current School/District:				Current Grade:	
Home Phone:		Cell Phone:		Emergency Phone:	
Special medical conditions (allergies, medication, handicaps/special needs or disabilities, etc.) If "yes, please list:					
Email address:					
(PRINT) Name of parent/guardian:					

PARENTS/GUARDIANS OF CHILDREN UNDER 11 YEARS OF AGE

Children under 11 years of age cannot be left unattended in any area of Gavin Park. Parents/guardians must be present (stay) with their child/ren, including programs run by Town of Wilton Recreation staff.

I have read the above and agree to its terms.

Parent/Legal Guardian Initials:

AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS

Under the law, parental permission must be granted for provision of emergency medical, dental, and hospital services. In such cases, this form acts as a legal document giving permission for an authorized Town of Wilton representative to authorize treatment in your absence. However, a child may be treated without parental consent when a physician determines the child needs immediate medical care and that any attempt to obtain parental consent would result in a delay which would increase the risk to the child's health or life.

I authorize minor medical treatment, such as ice packs, band-aids, etc.

Parent/Legal Guardian Initials:

RULES AND REFUND POLICY ACKNOWLEDGEMENT

By signing this, you acknowledge that all information supplied is truthful and current. Misuse of equipment and facility will not be tolerated. Parents will be held accountable for any damage done by their child/ren or themselves. No disorderly conduct will be tolerated. This includes, but is not limited to, swearing, physical contact, verbal abuse, and the use of weapons. Respect will be shown to staff and others at all times. Disciplinary procedures include verbal and written warnings, suspension and/or expulsion. Each situation will be dealt with on an individual basis. All participants are expected to know and follow ALL the rules and regulations. Using good judgment and common sense will help insure a continuous, equitable, and enjoyable program. I hereby release and absolve the Town of Wilton, the Town of Wilton Recreation Commission, and any of its employees and volunteers of any liability in the event of an accident, injury, or any emergency occurring while participating in any Town of Wilton Recreation Commission sponsored programs and any areas that may be encompassed thereof. All Head Coaches undergo background checks.

REFUND POLICY: If program cancellation is made prior to program registration end date, there is a \$10.00 cancellation fee. If program cancellation is made after registration closes, no refund will be given.

 Signature for authorization for a minor (parent/legal guardian) or for adult programming _____ Date

PHOTOS

Photographs taken at park-run programs will be used for Gavin Park brochures, program flyers, Gavin Park Facebook account, Town website, and newspaper and magazine advertisements.

HOLD HARMLESS WAIVER

Applicant hereby releases and discharges the Town of Wilton, (hereafter known as the Town of Wilton), 10 Lewis Drive, Saratoga Springs, New York, from any and all claims, causes of action, or liability for any injuries applicant may suffer resulting from applicant's participation in the Town of Wilton's activities or the use of the Town of Wilton's facilities, whether or not the same arises out of, or results from, any act, omission, or conduct of any of the Town of Wilton's Parties.

Section I. Assumption of Risk, Release, and Waiver of Liability; Indemnity concluded:

APPLICANT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT AND IS AWARE THAT IT CONTAINS A WAIVER AND RELEASE OF LIABILITY AND THE APPLICANT IS GIVING UP SUBSTANTIAL RIGHTS. APPLICANT IS SIGNING THIS AGREEMENT OF HIS/HER OWN FREE WILL AND INTENDS FOR HIS/HER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

 Signature of authorization for a minor (parent/legal guardian) or for adult participant _____ Date

Participant's Name: _____

UNIFORM INFORMATION

(if required for program)

NOTE: Parents will be responsible for reorder fees that may occur for wrong sizes ordered.

Shirt Size (check one):

____ Youth Small ____ Adult Small
____ Youth Medium ____ Adult Medium
____ Youth Large ____ Adult Large
 ____ Adult X-Large

Short Size (check one):

____ Youth Small ____ Adult Small
____ Youth Medium ____ Adult Medium
____ Youth Large ____ Adult Large
 ____ Adult X-Large

PLEASE JOIN OUR JR NBA TEAM

Are you interested in being a Volunteer Coach? YES NO

I would like to coach with

Each coach will be reimbursed \$100.00 of the registration fee at the end of the season.
(Maximum \$100.00 per coach.)

EMERGENCY CONTACTS

If possible, the emergency contact should NOT be the parent/guardian. The emergency contact is only contacted if parent/guardian on file cannot be reached.

1st Contact

Relation

Phone (Home) () Ext.

(Other) () Ext.

2nd Contact

Relation

Phone (Home) () Ext.

(Other) () Ext.