

ADULT REGISTRATION FORM

Program name _____

Participant name _____ Age _____ Phone _____

Address _____ Email _____

I intend to participate in the above-named Nottingham Recreation Department program. I understand that if I am over the age of 35, the Nottingham Recreation Department strongly recommends that I consult with my physician before beginning this program. I acknowledge that I am aware of the activities contemplated to be part of the program & have no problem participating in these activities, with the following exceptions: _____

Emergency Information

In case of an emergency, I authorize transport & treatment by qualified personnel.

Contact information (please provide a minimum of two numbers, in the order they should be called):

1. Name _____ Number _____ Ext _____ Hours _____

2. Name _____ Number _____ Ext _____ Hours _____

3. Name _____ Number _____ Ext _____ Hours _____

Participant's date of birth: _____ Date of last tetanus shot _____

Family doctor _____ Dr's phone number _____

Medical information (include *all* allergies, medications, and medical conditions) _____

Insurance (provider, group #, etc) _____

Waiver/Release

While the Town of Nottingham agrees to make all reasonable efforts within its power to provide a safe and secure environment for participants in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore, the undersigned agrees to indemnify and hold harmless the Town of Nottingham, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my participation in this program.

Participant signature _____ Date _____

Photo Release

The Nottingham Recreation Department _____ HAS _____ DOES NOT HAVE my permission to use any photo of me taken during the above program in recreation displays/printed material. **PLEASE INITIAL** _____

Office use only: Date received _____ Cash / Check (# _____) Amount _____

Notes: