

EAST LONGMEADOW RECREATION DEPARTMENT
Registration Form and Information Sheet

Primary Guardian

Firstname _____ Lastname _____
 Address _____
 Town _____ State _____ Zip _____
 HM Phone _____
 WK Phone _____
 EM Phone _____ Resident **YES** **NO**

Instructions:

1. Complete all information
2. Make Checks payable to:
Town of East Longmeadow
3. Be sure to Sign Form

OFFICE USE ONLY
Form of Payment

_____	Check
_____	Check #
_____	Cash
_____	Credit Memo
_____	Amount

Secondary Guardian

Firstname _____
 Address _____
 Town _____ State _____ Zip _____
 HM Phone _____
 WK Phone _____
 EM Phone _____

Release From Liability and Indemnification

I agree to waive and release the Recreation Department and the Town of East Longmeadow, its officers, agents and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fess and court costs arising of my or my child's participation in the Town's recreation program or any illness/injury resulting therefrom, and hereby agree to indemnify and hold harmless the Town of East Longmeadow from and against any an all such claims, whether caused by negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of the Town or its employees. I understand and agree that by signing this waiver I am freeing the Town of East Longmeadow, its employees, officers, or agents from any liability resulting from my (or my child's) participation in this sponsored event or activity. I recognize that the event can be dangerous to me (or my child) and accept those dangers. I understand that if I am (or my child is) injured, this waiver will be used against me and any one else claiming damage because of my (or my child's) injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program that I (or my child) am in good physical health and that I (or my child) do not have physical or emotional conditions, past or present, of which I am aware, which could in any way affect my (or my child) ability to participate in this activity. I have read and understand this waiver. This form shall be considered valid until canceled or changed in writing by the undersigned and received by the Town. My signature acknowledges that I understand and agree to the above conditions.

Email Address _____
 Insurance Company _____
 Policy Number _____
 Roster Requests _____

Activity #	Activity	Lastname	Firstname	DOB	Sex	Grade	Fee	Non Resident
Total							0	0

Program Refund or Credit Policy - Contact Recreation Department for Policy.

Signature _____ Print Name _____
 Date _____ Relationship to Participant _____

Do you wish to be contacted about Coaching a team? **YES** **NO**