

# Johnson Recreation Registration Form

Please make sure all information is completely filled in

PARENT/ACCOUNT INFORMATION	
Last Name, First Name:	How did you hear about our program? Flyer or Advertisement      Word of Mouth Current participant          Internet
Address:	
Town/City:	
Home Phone: (    )                      Work Phone: (    )                      Cell Phone: (    )	
E-mail Address:	
Required for communication <input type="checkbox"/> Please check here if you would like to receive future information by e-mail	

EMERGENCY CONTACT INFORMATION			
1st Contact			
Relationship:	Home Phone:	Work Phone:	Cell Phone:
2nd Contact			
Relationship:	Home Phone:	Work Phone:	Cell Phone:

Participant and Activity Name	Date of Birth	Age	Gender	Grade	Uniform/Shirt Size	Fee

Payment Method: <input type="checkbox"/> Check # <input type="checkbox"/> Cash                      Received By: _____	Non Resident Fee 5.00 Optional: Financial Assistance Program      \$ <b>TOTAL</b> \$
--	--

**Check made Payable to: Johnson Recreation**  
 Registrations accepted on a first come, first serve basis, space is limited. Cancellations must be made at least three days in advance in order to be eligible for a refund or credit. Refunds must be submitted in writing and are subject to an administrative fee. I/We agree to return, upon request, the uniform and other equipment issued to my/our child(ren) in as good a condition as when received, except for normal wear and tear."

Please describe below any physical conditions, medication, dietary restrictions, allergies or other information which is necessary to be aware of to ensure participants' health and safety. (ie: ADHD, bee stings, nut allergy, etc...)

None \_\_\_\_\_

**Waiver of Participant by parent or self:** I hereby agree to release, discharge and hold harmless the Town of Johnson, its directors officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Johnson to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town does not provide insurance for recreational program participants,

\_\_\_\_\_  
 Signature Parent(s)/Guardian if participant is under 18      Date: \_\_\_\_\_

**Photo Release:** I understand that for promotional purposes the Recreation Committee videotapes and or takes photographs or participants enrolled in recreation activities, classes or programs. I hereby release and permit the Recreation Committee to utilize for said promotional purposes any photographs and or videotapes of me or my minor child engaged in the above listed recreational activities.

\_\_\_\_\_  
 Signature Parent(s)/Guardian if participant is under 18      Date: \_\_\_\_\_