

Chalfont Borough Parks & Recreation PROGRAM REGISTRATION FORM

HOUSEHOLD INFORMATION

Head of Household First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please Select One: Chalfont Borough Resident Other (specify) _____

E-mail Address _____ Emergency Contact Name: _____

Relation: _____ Emergency Phone: _____

I understand my registration will not be processed until I have made full payment and provided to Chalfont Borough my completed Waiver Form and Consent for Medical Treatment Form. I also understand that primary insurance coverage is my individual or family plan. I have no objections to Chalfont Borough using a photograph of me or, if participant is a minor, my child, in promotional materials. I understand that this program may be cancelled due to insufficient enrollments, in which case my fee will be refunded or maintained on my account for application to a subsequent program registration fee.

PARTICIPANT'S WAIVER AND RELEASE

This applies to each program in which you and/or family members participate.

The sponsoring municipality(s), the recreational facility and any contractors retained by the municipality(s) to deliver the service have arranged for an activity (hereafter referred to as "Program") in which I or my minor child wish to be involved. I have obtained details of this Program and understand what is required of me or my minor child and under what circumstances. I certify, for myself or my minor child, that the program participant is in good health and capable of participating in the Program. I, therefore, desire, for myself or my minor child, to participate in the Program. In consideration of the foregoing and for my participation in the Program and for other valuable consideration which receipt is hereby acknowledged, I do hereby agree, for myself, my heirs, executors, administrators, and assigns, forever remise, release and discharge the sponsoring municipality (s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program, and their heirs, executors, administrators, and assigns from any and all actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands, whatsoever, which I or my legal representative may have or acquire against the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program, by reason of any loss resulting from personal injury or property damage, which may occur during or by reason of my participation in the Program. I agree that the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program shall have the right, at their discretion, to enforce rules of conduct and/or terminate my participation for failure to act in conformance thereof, or for my actions or conduct if detrimental to or incompatible with the welfare, comfort, harmony or interest of the group or the Program as a whole. I hereby grant the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program full authority to take whatever action, in their discretion, is determined to be necessary regarding my or my minor child's health, safety and welfare, and I fully release the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program from any liability for such actions, as set forth herein.

CONSENT FOR MEDICAL TREATMENT

May be used for all family members & may remain in effect for a period of one year from the date given below.

Refusal to sign this consent form will delay, and some circumstances, prevent you from receiving immediate medical attention.

I hereby give my permission for any and all medical attention necessary to be administered to me or my child in the event of an accident, injury, sickness, etc. while participating in this program. I further authorize the directors, officers, members, agents, and other representatives of the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program to authorize immediate first aid on my behalf or the behalf of my minor child and arrange emergency transport to the appropriate medical care facility. I also hereby assume the responsibility for payment of any such treatment and release the sponsoring municipality(s), the recreational facility and those contractors retained by the municipality(s) to deliver the service, and their directors, officers, members, agents, commissioners and any other representative related to the Program from any and all liability or claims arising out of an injury, accident, or sickness to me.

(Participant or Parent/Guardian, if minor child) (Print)

(Phone Number for Emergency Use)

(Signature) (Date)

(Address)

PARTICIPANT INFORMATION

Participant Name: _____ **DOB:** _____ **Gender:** _____

Activity Title: _____

Program Location: _____ **Date / Time*** _____

Special Needs: _____

Medical Alerts/Allergies: _____

I have read and accept participant waiver and release and consent for medical treatment.

Signature: _____ **Date:** _____

Participant Name: _____ **DOB:** _____ **Gender:** _____

Activity Title: _____

Program Location: _____ **Date / Time*** _____

Special Needs: _____

Medical Alerts/Allergies: _____

I have read and accept participant waiver and release and consent for medical treatment.

Signature: _____ **Date:** _____

Participant Name: _____ **DOB:** _____ **Gender:** _____

Activity Title: _____

Program Location: _____ **Date / Time*** _____

Special Needs: _____

Medical Alerts/Allergies: _____

I have read and accept participant waiver and release and consent for medical treatment.

Signature: _____ **Date:** _____

OFFICIAL USE ONLY:

Check No. _____ Amount _____ Accepted By _____ Date _____
