

**FORT FAIRFIELD
PARKS AND RECREATION DEPARTMENT
PROGRAM/ACTIVITY REGISTRATION FORM**

PROGRAM/ACTIVITY _____

NAME OF PARTICIPANT _____

PARTICIPANT'S DATE OF BIRTH _____ AGE _____ GRADE _____

HOME PHONE # _____ EMERGENCY PHONE # _____

ADDRESS _____

FATHER'S NAME _____ MOTHER'S NAME _____

IS THE PARTICIPANT IN GOOD HEALTH? (IF NOT, PLEASE EXPLAIN) _____

PARTICIPANT, PARENTS OR GUARDIANS PLEASE READ CAREFULLY:

I (the participant, if at least 18 years of age) or we the parents or guardians of the above named participant, hereby give my/our approval for participation in the above-mentioned program or activity, knowing that such participation may cause serious injury or even death to the participant. I/We assume all risks and liability incidental to such participation, and hereby release, absolve, and indemnify, and agree to hold blameless, the Town of Fort Fairfield, the Fort Fairfield Parks and Recreation Department and its employees, the organizers, supervisors, volunteers, sponsors, facilitators, participants, and the person or organization providing transportation during the above-mentioned program or activity. I/We realize that if there is anything that I/we do not understand regarding the contents and meaning of this paragraph that I/we should contact the Fort Fairfield Parks and Recreation Department for clarification prior to signing this form. My/Our signature below is verification that I/we completely understand and agree to the contents of this paragraph.

PARTICIPANT'S SIGNATURE (If age 18 or over) _____ DATE _____

FATHER'S SIGNATURE (If participant is under 18) _____ DATE _____

MOTHER'S SIGNATURE (If participant is under 18) _____ DATE _____

IMPORTANT: Please fill out the registration form properly and return it to school or the Community Center prior to the beginning date of the program/activity.